0918	7	CERTIFICA	TE OF DEATH	n	9179
1. PLACE OF C	ALLEGANY	MARYLAND	o. STATE	eased lived, if institution: Residence b. COUNTY	before admission)
write RU CUM	OWN (If autside corporate limits, RAL and give nearest town) BERLAND	c. LENGTH OF STAY IN 16 8 DAYS	PAW PAW	arate limits, write RURAL and give i	8-3
		, MEMORIAL AVE			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pri		ANNA J. BARKER	DEA	TH JULY 23,	Day Year 19 6
S. SEX FEM	ALE WHITE	MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9/16/99	DO YIS.	Days Hours Mi
during most of v	JPATION (Give kind of wark dane varking life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, o	COUN	EN OF WHAT NTRY? S.A.
	ANK KNIGHT		14. MOTHER'S MAIDEN NAME REBECCA	HARTLEY	
	(SED EVER IN U.S. ARMED FORCES? nown) (If yes give war or dotes of se		17. INFORMANT TEMORIAL HOSPIT	AL, CUMBERLAN	
	E OF DEATH (Enter only one cause I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1/1/200	i - CUA		INTERVAL BETWEEN ONSET AND PEATH
	DUE TO , if any, which gave) (b)		Center Dame	a Diseas	٥
	mediate couse (o), BUE TO (c)	(Hyperter	nsive cerebro va	scular disease)	
PART II. O	THER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION OF	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTR	ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part) or	Port II af item 18.)	
	OF INJURY Manth, Doy, Year four a.m. p.m. 19	2Dd. INJURY OCCURRED While Nat While at work 20e.	PLACE OF INJURY (Home, farm, 20 factors, street, affice bldg., etc.)	(City or town) (Coun	ty) (State)
		tal) attended the deceased fran	that death occurred at 8, 4		that (I) (we) e date stated ab
22a. SIG		Vullelle	M.D. PHYS. MED.	STAFF -	2 S / L
		Frondi	22d. ADDRESS / 33	THE CT! CHIMBE	RLAND.
ZZC. PHY NAI	AE (Type) DD	MINNE L	JACA VAR FOR THE STATE OF THE S	THE OTE COMIDE	MERITO

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE DF DEATH 8. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE h COUNTY Allegany Maryland MARYLAND Allegany Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State hours YES T 512 Fort Avenue Fort Avenue NO. 3. NAME OF DATE First Middle Last 4. Month Year DECEASED (Type or print) DEATH 1966 Richard Lowell Barnes 2 with within 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In Years | FUNDER 1 YEAR | FUNDER 24 HRS last birthday) | Months | Days | Hours | Min. NEVER MARRIED WIDOWED DIVORCEDVE event 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Electric Welder RAORR Marvland TT C pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Dolcie Imes Rollie Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address cate should be executed within 24 the word "pending" in pencil in it is the Chief Medical Examiner's 414 17. INFORMANT (Yes, no. or unkown) (If yes give war or dates of service) permit. remova Mr. Rollie 1. Barnes. 479 Fort Ave-Cumberland 217-18-4551 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit cremation, or Gunshot of Head Minutes DUE TO (Self Inflicted) Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the 60 underlying cause last. used as to burial PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION EXAMINER: This certificate ne certificate, writing the should be forwarded to the PERFORMED? NO X YES [20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 3 should l CAUSE OF DEATH. MEDICAL 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR: Undetermined manner Accident Saicide Homicide death resulted from: Natural causes please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 0 FUNERAL I DEPUTY MEDICAL EXAMINER July 26, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or cou cumberland, Md. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. REMOVAL (Specify) 0 Burial Near Cumberland July 29. 1966 Hillcrest Burial Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR ALSME (5) 230 Balto Ave. Cumberland, Madair 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09183 HEALTH DEPJ. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay is and 3 to and 3 to and 3 to o. COUNTY Allegany o. STATE b. COUNTY Maryland Allegany Deportmentof MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) P.M.3 Cumberland Cumberland 30 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with the State De within 72 haurs 50 North Mechanic Street 50 North Mechanic Street pencil in Item 18. Give Pages YES NO X This certificate should be executed within 24 haurs after death. 3. NAME OF Middle DATE Manth Last Doy DECEASED J. July 19 66 Barnhart Harry (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED las hirthday) Manths Days Haurs May 14, 1909 Male White X WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY à À West Virginia rd "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah R. Barnhart Harry Barnhart E and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address ansit permit. (Yes, na, ar unknown) (If yes give war ar dates of service W.W.II Sara R. Barnhart Cumberland, Md. Yes 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) 4201 ne certificate, writing the ward should be farwarded to the Ch crematian, DUE TO Coronary Thrombosis 18 Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse 0 Coronary Sclerosis OS burial, WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION please execute the certificate, YES X NO designated agent, priar ta 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda., etc.) Nat While may be refained for your FUNERAL DIRECTOR: Page 19 ot work at work 21. I certify that I taok charge af the remains described above, held an Autopsy X, Inspection X, Inquiry X and in my apinian the funeral director. death resulted from: Natural causes X. Accident | Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER July 5, 1966 **EXAMINER'S** 5 may 10 FUNE Address (Street, city, town, or county) Cumberland. Md. Benedict Skitarelic, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Berkley Springs W. Va. Greenway Cemetery July 7 1966 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Ocharley VR A15ME (5) JUL 8 1966 Philip B. Wendt 121 Mem. Ave. Cumb., Md. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours ofter death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY. ALLEGANY Penna, Bedkord MARY! AND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, hours FLINTSTONE. Maryland Rt. DAYS d. STREET ADDRESS B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) = event, within 72 filled MEMORIAL HOSPITAL Chaneusville Road YES NO T NAME OF 4. DATE First Lost Day DECEASED SIMEON BORROR DEATH 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 last birthday) Hours Months Doys 9-27-1885 MALE WHITE WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ond in COUNTRY? during mast af working life, even if retired) INDUSTRY PERERSBURG, W. VA. A. Construction Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN M. BORROR SARAH KESNER 17. INFORMANTALES Address Potomac Park IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Edna Miller (Yes, no, or unknown) (If yes give war or dates at service) 0 permit CUMBERLAND. 174-18-1045A NO INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) buriol-tronsit QNSET AND DEMTH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse the hospital or offending O FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Heolth NO YES: 10 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While at work at wark be retained by . 19 21. I certify that (I) (this hospital) ottended the deceased from... 19____, that (I) (\$\text{Ve}) lost 19 4 and that death occurred at 12: 10 from dayses and on the date stated above sow the deceased glive on 22a. SIGNATURE 22b. DATE SIGNE DIRECTOR M.D. PHYS. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) VIRGINIA AVE. CUMBERLAND HIMMELWRIGHT 23d. LOCATION (City or Tawn) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) REMOVAL (Specify) 7/17/66 Assembly of God Ch. Chanouxvillo. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR lianles 1966 VR A15 (4) 20 M 1/66 9 H. Wayne George Cumberland

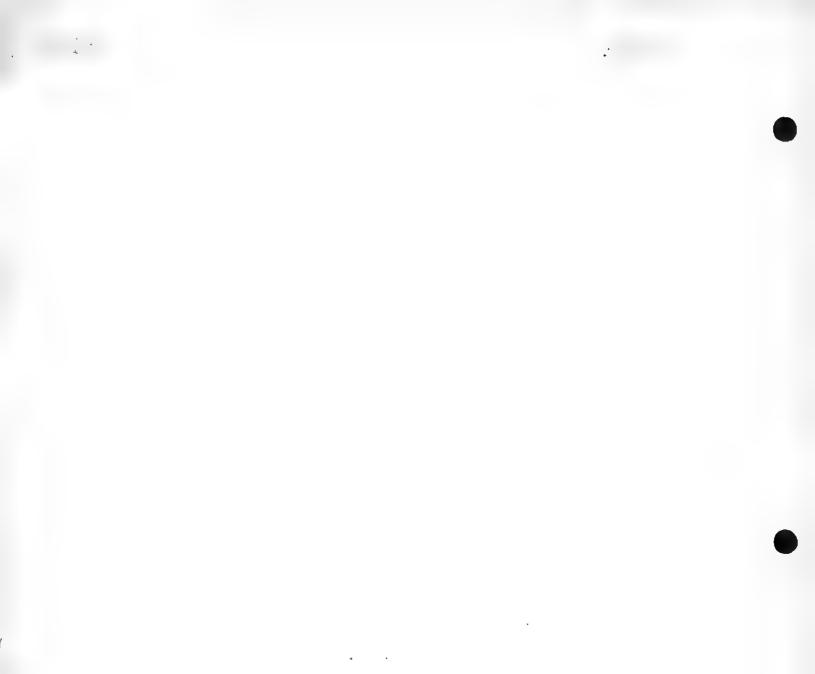
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09184 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09192 FOR STATEAN HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) deloy 1. o COUNTY o. STATE b. COUNTY Page death Allegany Maryland MARYLAND Allegany c CIY OR TOWN (If auts de corparate limits, write RURA, and give nearest town) b CIY OR TOWN (foutside corporate limits, c .ENGIH OF STAY N 1b write RURA, and give necrest town) Cumberland after Cumber land Route #3 11 Days d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS hours (pencil in Item 18. Give Pages Sacred Heart Hospital YES 🗔 NO T 3. NAME OF 4. DATE Month Day Year DECEASED OF Bertha May Brotemarkle July (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years 7 MARR ED NEVER MARRIED lost birthdoy) Months Doys White WIDOWED DIVORCED Feb 11. 1883 Female 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of work no life even fret red)
Housekeeper - At COUNTRY? INDUSTRY Maryland e, writing the word "pending" in pencil in forwarded to the Chief Medical Exominer's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Jacob Kerns Phoebe Roth 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Route #3 (Yes, no, or unknown) (If yes give wor or dates of service) or removal. Mrs. Howard Durst Cumberland, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Chronic Myocarditis, Cardiac Failure IMMEDIATE CAUSE (o) writing the word burial, cremation, DUE TO Arteriosclerotic Cardiovascular Disease Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO XX please execute the certificate, Fracture of Right Hip 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port or Part 1 of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Fell at Home CAUSE OF DEATH 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Not While at work Home Home While FUNERAL DIRECTOR: Poge of work 12:30 pm June 27 1966 Cumberland, Allegany, Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my opinion the funeral director. death resulted from. Accident X Su'cide . Homicide Undetermined monner Naturol causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X July 7, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. 5 may b Address (Street, city, town, or countyCumberland, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOYAL (Specify) 7/10/66 Zion Memorial Park Cumberland Alleg Rt3 Maryland ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S S GNAJURE VR A15ME (5) Ruth E. Silcox Cumberland Maryland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, function Residence before agmission) a. COUNTY o STATE Maryland **b** COUNTY Page Allemany and 3 to MARYLAND Allemany b CITY OR TOWN (if outside corporate imits write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (flouts de carparote limits, write RURA, and give nearest town) Deportme, ofter Cumberland Cumberland 35 years d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with form hours 731 Gephart Drive 731 Gephart Drive YES NO tem 18 Give Pages ate 3 NAME OF 4 DATE First Middle Last Day Year DECEASED OF with the July .9 66 Carlomany (Type or print) Daniel DEATH 9 AGE (n years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARR.ED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Haurs White Dec. 5, 1908 Male WIDOWED DIVORCED hours and 2 event 12 CT ZEN OF WHAT 10a LSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fare gn cauntry) dur ag mast of warking lite even fret red)
Build no Contro COLYTRY Clarksburg, W. Va. Employed quy d "pending" in pencil in Chief Medical Examiner's pages in any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Mary Jurick Joseph Carlomany IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service) Mrs. Catherine Carlomany, Cumberland, Md. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN T ONSETTANDODEATH PART I DEATH WAS CAUSED BY THROMBOSIS. LEFT CORONARY 0 MMED ATE CAUSE (a) s o buriol-tro cremotion, XUI e, writing the word forworded to the Cl DUF TO CORONARY SCIEROSIS Conditions if any, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying cause 0.5 last used os burial, 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? please execute the certificate. YES X NO 2 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NULRY OCCURRED (Enter nature of injury in Part I ar Part II af item 18) PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day Year 2Dd .NJURY OCCURRED 2De. PLACE OF INJURY (Home, form 2Df (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat White moy be retoined for your FUNERAL DIRECTOR: Poge at work at work 21 I certify that I took charge of the remains described above, held on Autopsy 101. Inspection X. Inquiry X. and in my opinion deoth resulted from: Notural causes X. Accident Suicide | Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL Aug. 31, 196622. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Rt.9 Cumberland Benedict Skitarelic, M.D. ealth NAME (Type) Address (Street, city, tawn, or county) 23a BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 REMOVAL (Specify) Aug. 3.1966 SS. Peter & Iaul Cemetery Cumberland Md. Allegany
RAR | 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REG STRAR VR A15ME (5) DATEAUG James F. Scarrelli, Cumberland, Md. 6M 1/66



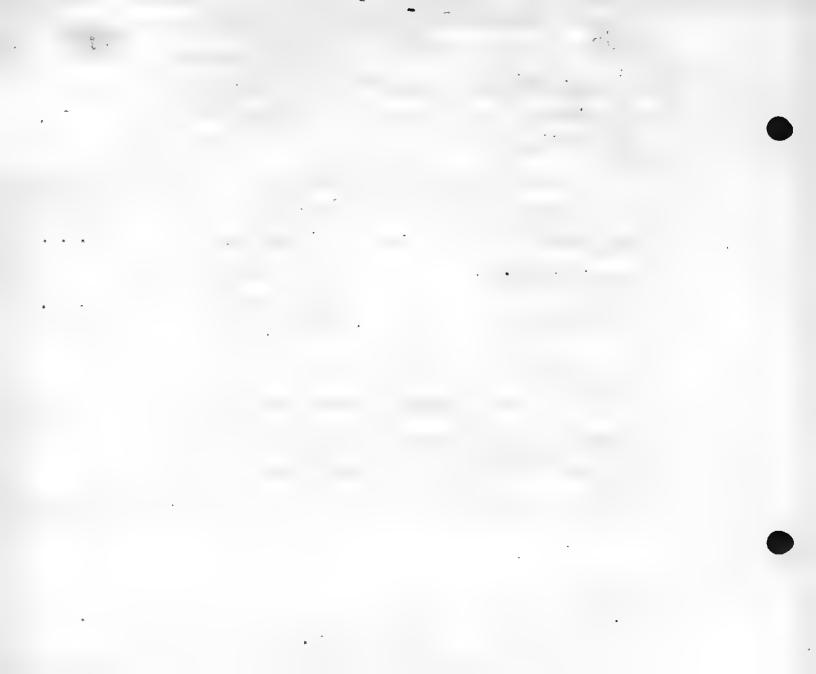
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 : CERTIFICATE OF DEATH 09186 09194 death. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) signed by the attending physic on and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar removal, and in any event, within 72 hours after death PLACE OF DEATH b. COUNTY o. COUNTY o. STATE ALLEGANY MARY! AND ALLEGANY law requires that the death certificate be executed within 24 hours after c CITY OR TOWN (If guitside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporote imits, CLENGTH OF STAY IN 1h write RURAL end give peorest town) 9 DAYS FROSTBURG IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS MINERS HOSPITAL NO V 111 WOOD STREET 4. DATE Midd e Manth Day Year 3. NAME OF Lost DECEASED (Type or print) 19 66 IMOGENE CAUDILL 11, THOMAS JULY DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X last pirthday) MAY 6, 1897 REGALE DIVORCED WHITE WIDOWED 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) TOO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? PUBLIC SCHOOL U.S.A VIRGINIA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME THOMAS CAUDILL JULIA FRENCH 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give was as dates of service 212-38-5544 PERRY W. MYERS. FROSTBURG. MD. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stating the underlying couse Page 4 may be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? of Health p NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of vijury in Part 1 ar Part II of item 18.) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldg-etc. Hour a.m. 21. I certify that (I) (this hospital) attended the deceased fram_ JUNE , 1960 1966 that (I) (we) last 1966, and that death accurred at 5-30 M, fram causes and an the date stated above. saw the deceased alive an_ 22a SIGNATURE 22b DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MARTIN ROTHSTEIN, M. D. BROADWAY. FROSTBURG. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BUR AL CREMATION. 23b. DATE THEREOF (State) BURLIAL (Specify) JULY 14, 1966 MAPLE HILL CEMETERY BLUEFIELD. VTRGTNTA 2Sb. REGISTRAR S SIGNATURE 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 1366 JOSEPH R). DURST, SR., FROSTBURG, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09187 09195 death. requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY **ALLEGANY** MARYLAND crematian, ar removal, and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate firmits, c. LENGTH OF STAY IN 16. c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) PAW PAW DAYS physician and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) & STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL NO YES 🗌 3 NAME OF Midd'n DATE Manth en please remove carbon First Last , Day Year DECEASED OF PHILLIP W. CLINGERMAN JUL Y 66 19 (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthday) Dovs Haurs 10-22-1907 MALE WIDOWED 10b KIND OF BUSINESS OR 17. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a US., AL OCCUPATION (Give kind of work done durant mast of working life, even if retired) W. VIRGINIA MET. KAILROADE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH CHANEY JOHN CLINGERMAN MARY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) HOSPITAL - CUMBERLAND. MD. MEMORIAL CAUSE OF DEATH (Enter only one cause per tine to) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise ta immediate couse (o). DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION for us ■etached for us■ te Dept. af Health NO YES 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld b≡ ∎etache should be filed with the State Dept. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month Day Year factory, street, office bldg., etc.) at work and that death occurred of 8:00 2). I certify that (1) (this haspital) attended the deceased from 4 M. from eauses and on the date stated above saw the deceased live an 22g. SIGNATUR 22b. DATE SIGNED AYS ADDRESS 22 S. DIRECTOR 22- PHYSICIAN S CENTRE ST. CUMBERLAND, MD. 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) Orleans Cacapon Zion Cemetery Great RURTAI 25b REG 1966 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) Johnson Funeral Homes. Berkeley Springspall. Va. 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OS 15 PATH 2 PATH 2 PATH 2 PATH 2 PATH 3 PAT
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Retired Miner Coal Mine Midlothian, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Alfred W. Cooper Amy Emily Thomas Address (Yet, mo, or unbown) (Hyese) in war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, mo, or unbown) (Hyese) in war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT George Cooper Lonaconing, Md. 18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c).] 19. WAS AUTO PART I. DEATH WAS CAUSED BY. 19. WAS AUTO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II of item 18.) 18. CAUSE OF DEATH LENCY OR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II of item 18.) 19. WAS AUTO PERFORME YES ON THE OF INJURY MONTH, Oay, Year 20d. INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO COURSE OF DEATH HOUR a.m. 19. WHILE AND DEATH COURSES. TO COURSE OF DEATH HOUR a.m. 19. WAS AUTO PERFORME YES ON THE OF INJURY MONTH, Oay, Year 20d. INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of item 18.) 20a. COURSE OF DEATH LENCY OF INJURY MONTH, Oay, Year 20d. INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO COURSE OF DEATH HOUR a.m. 19. WAS AUTO PERFORME YES ON THE ORDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISE
Alfred W. Cooper Amy Emily Thomas 15. Was deceased ever in U.S. armed pforces? 16. Social security no. 17. Informant Address (Yes, no, or unknown) (If yes give war or dates of service) 18. Cause of Death [Enter only one cause per line for (a), (b), and (c).] 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).] 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).] 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).] 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).] 19. Was AUTO PART II. DEATH Was Caused By: 19. Was AUTO PERFORMEN OUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. Co. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART I (a) 20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. Time of Finjury Month, Oay, Year 20d. Injury Occurred. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. Time of Finjury Month, Oay, Year 20d. Injury Occurred. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. Time of Finjury Month, Oay, Year 20d. Injury Occurred 20e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.)
(Yes, No, or unknown) (If yes give war or dates of service) 10. Conditions, or unknown) 11. Conditions, or unknown) 12. Conditions, or unknown) 13. Cause of Death Lenter only one cause per line for (a), (b), and (c). I ISOn! 14. Conditions, or unknown) 15. Cause of Death Lenter only one cause per line for (a), (b), and (c). I ISOn! 16. Cause of Death Lenter only one cause per line for (a), (b), and (c). I ISOn! 17. Information 18. Cause of Death Lenter only one cause per line for (a), (b), and (c). I ISOn! 18. Cause of Death Was caused By: 19. Was autory 19
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I ITSON II PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DE ONSET A
21. I certify that (I) (this hospital) attended the deceased from
Burial 8/1/66 Oak Hill Cemetery Longconing Md.
VR A15 (4) C George Eichhorn Lonaconing, Md. DATE AUG 1 1986 Clearles Jusque



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Allegany Maryland Allegany 0 MARYLAND tate Department a havrs after death c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r. TENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) Cumberland Cumberland S RESIDENC d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS xaminer's Office alang with farm 438 Goethe St 438 Goethe St. YES NO State [Give Pages 24 hours after death Middle 4 DATE Month Year 3 NAME OF 19 66 OF DECEASED 30th. the (Copeland July Flwood within DEATH (Type or print) IF UNDER 1 YEAR IF ... NDFR 24 HRS AGE (n years DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Hours in Item 18. Jan. 15, 1917 White Male WIDOWED DIVORCED 40 and 2 event 12 CIT ZEN OF WHAT 11 BIRTHPLACE (State or foreign country) 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY USA during most of working life, evenut retired) Williamsport.W.Va. pages in any 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME penci This certificate shauld be executed within Edna Hatris Hugh Copeland IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT ⊆ Cumberland (Yes, no, or unknown) (If yes give wor or dotes of service forwarded to the Chief Medical Md. pending" 214-07-3886 11-Korean Yes remov INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DITE TO stating the underlying couse 0 0.5 lost burial, o WAS AUTOPSY PERFORMED? nseq PART | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) NO K please execute the certificate. ₽ þe 20g EXTERNAL CAUSE WAS 20h DESCRIBE HOW INJURY OCCURRED (Enter nature of in cry in Port or Port 1 of item 18) CERTIF prior 3 shauld PRIMARY Or CONTRIBUTING 4 shauld AL EXAMINER: CAUSE OF DEATH. MEDICAL (County) (State) 20e PLACE OF INJURY (Home, form, (City or fown) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. While Not While FUNERAL DIRECTOR: Page ot work ot work inspection 💢 Inquiry 🔀 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Suicide 🔀 Hamicide : *Undetermined manner death resulted fram: Natural causes Accident the funeral director CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** CAMBOSS (Street, city, town, or county) (ALLELE NAME (Type 23d. LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF 0 REMOVAL (Specify) Headsville, W. Va. Headsville Cemetery Aug. 2, 1966 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FLINERAL DIRECTOR Milanley Keyser, West Va. VR A15ME (5) 6M 1/66



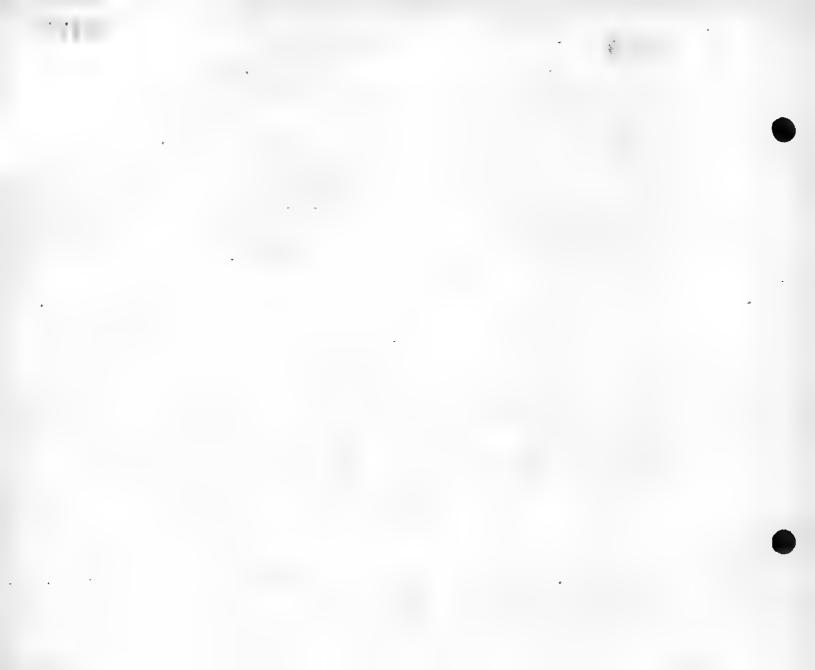
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09198 CERTIFICATE OF DEATH 99198 24 hours after death. funeral and Æ PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Allegany o. STATMaryland P COPMIA Allegany MARYLAND campletely filled in by the b CTY OR TOWN (Laputside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) ve carbon papers. Pac event, within 72 haurs Cumberland d. NAME OF HOSPITAL OR INSTITUTION (of not on hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Sacred Heart Hodpital 307 Baltimore Ave. 52 YES NO 3 law requires that the death certificate be executed within NAME OF First Middle Last DATE Manth Year DECEASED OF Perry Corwell G. 17 19 66 Type of print DEATH S SEX 6 COLOR OR RACE AGE (In years 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove 1-5-5 pirthdoy) Months Dovs Haurs M W and in any WIDOWED DIVORCED physician and c 12 CT ZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR II. BIRTHPI . (County & State, or fareign untry) during most of working are, even if retired)
Retired armen COUNTRY? Gett: "hurm Mary Iand Po. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Twigg cemory Nathaniel Corwell signed by the attending p burial-transit permit The burial, cremation, of temo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service 16. SOCIAL SECURITY NO 17. INFORMANT Patient's chart INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Cerebro-vascular accident Arteriesclerosis le years Conditions, if any, which gave rise to immediate cause (a) DUE TO attending | stating the underlying couse as the priar tal has been last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Oste swarthritis NO E O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) by the haspital detached for the Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark þe 1952 17 -1956 , that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. be retained shauld **= 16** saw the deceased alive on. 22b DATE SIGNED 22a, SIGNATURE 7 - 17 - 66 3 M.D. PHYS DIRECTOR PHYS. director, page shauld be filed 22d. -ADDRESS 22c. PHYSICIAN'S 62 Greene NAME (Type) Rai ph W. Ballin. M.D. S Cumberland. Md. 21502 Page 4 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL, CREMATION 23b DATE THEREOF (County) (State) -REMOVAL (Specify) Near Cumberland -Md. Allegan Jul -- 10,1966 Mt. Tabor Cemeterv 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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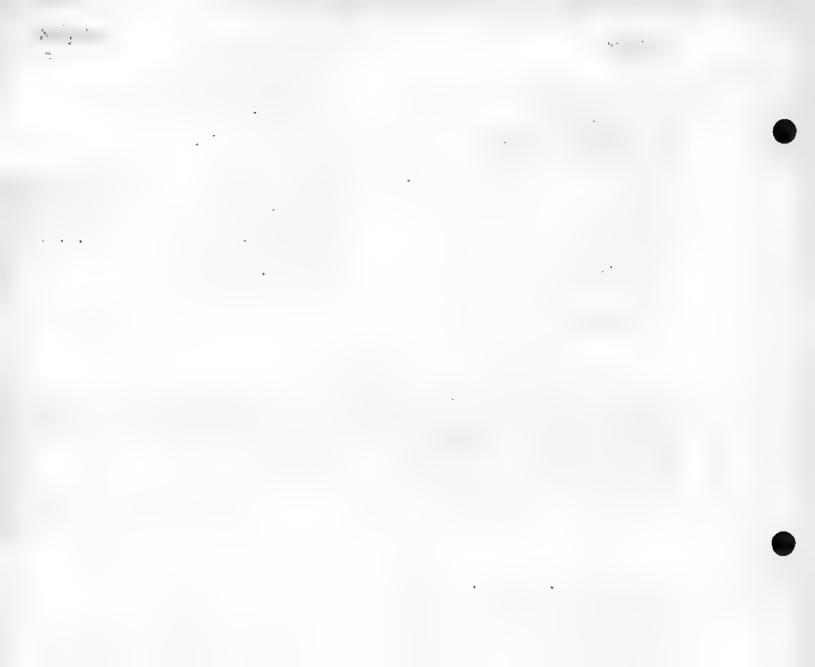
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120, CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH ded O. COUNTY ALLEGANY b. COUNTY a. STATE MARYL AND MARYLAND c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c . ENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits. vears IS RESIDENCE ON A FARM? campletely filled in se remave carban papers. d in any event, within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MARYLAND AVE. MEMORIAL HOSPITAL NO EX 4. DATE 3 NAME OF SOPHIA 19 66 COSGROVE JUL Y DECEASED DEATH (Type or print) IF LINDER 24 HRS. 9. AGE (In years IF TINDER 1 YEAR DATE OF BIRTH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Dovs Hours 3-17-1885 FEMALE WHITE WIDOWED X DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done NOUSTRY Home during most of working life, even if retired) Cumberland . Md . 14. MOTHER S MAIDEN NAME 13. FATHER S NAME HENRY SCHAIDT CAT TERTME TOTTTG 16. SOCIAL SECURITY NO. 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Josephine Hardy, Cumberland, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: tisment. ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUE TO burial-t Conditions, if any, which gove nse to immediate couse (a). DUE TO stoting the underlying couse as the the haspital ar attending this certificate has been lost. 19 WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO YES 🖂 for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18) 200 ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) of work TO FUNERAL DIRECTOR: After be retained by saw the deceased alive an 22b DATESIGNED 220. SIGNATURE STAFF PHYS **ATTENDING** M DIRECTOR M.D. PHYS 22d. ADDRESS 456 N 22c. PHYSICIAN'S NAME (Type) DR. CENTRE ST. CUMBERLAND. MD. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. 23b DATE THEREOF BREMDYAL (Specify) July 12,1966 St. Mary'c Cemetery Cumberland, Md.-Allegany 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Charles Scarnelli, Cumberland, Md.

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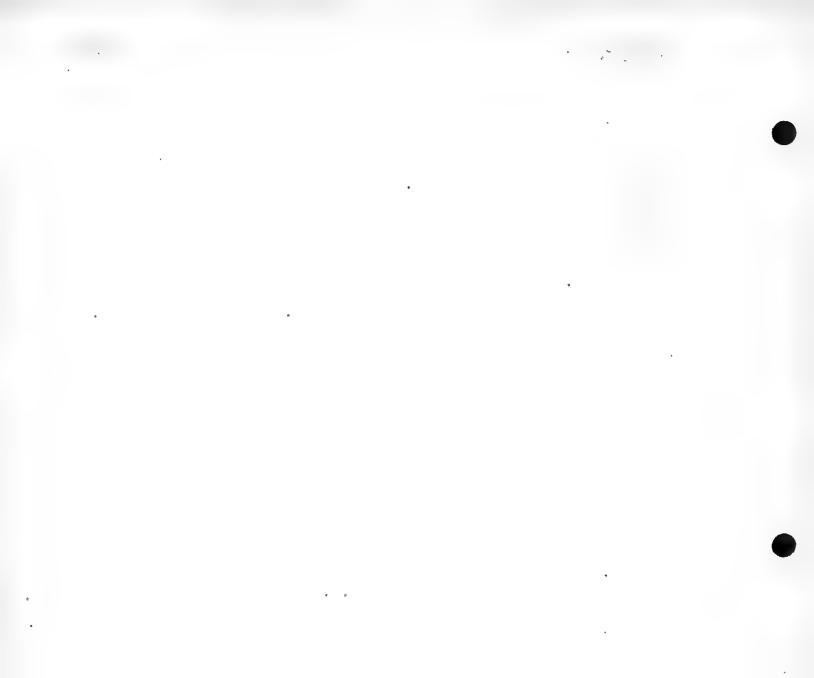
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2-2		REMOVAL (Specify)	July	6,1966	Hillores	st B	rial Pa		ur berlar	,	, ,
VR A15 (4) 20 M 1/66		James F	. Scarnel	Li, Cumi	erland,	Md.	DA	TE JUL 1	1 1956	Marley	Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) OUNTY Allegany o. STATE Maryland **b.** COUNTY and 3 ta P.M3. Page Alletany MARYLAND b CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town) c LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate mits, write RuRAL and give nearest town) Cumberland Cumberland 23 Years d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE Office alang with farm within 72 hours ON A FARM? Memorial Hospital 610 pencil in Item 18. Give Pages YES NO X Louisiana 3. NAME OF First Middle Last 4 DATE Month Year DECEASED 1966 Μ. Diehl July (Type or pnnt) DEATH S SEX 8 DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARR ED NEVER MARRIED Months White birthdayl Hours Female Doys WIDOWED event DIVORCED Aug 12, 1897 24 haurs 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Washington Co., Md. Housewife Own Home USA Examiners 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed with n May (Harbaugh) Brown 100 pup Reuben A. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 610 Louisiana Ave (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. pending" Glenn W. Diehl None Cumberland, Md INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION P IMMEDIATE CAUSE (o) writing the ward This certificate should crematian, DUE TO CORONARY SCLEROSIS Conditions, if any, which gove use to immediate couse (a), DUE TO stoting the underlying couse lost burial, (PART II OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO K K please execute the certificate. P 200 EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of term 18) agent, priar PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c T ME OF INJURY Month, Dov. Year 20d IN.JRY OCCURRED 20e PLACE OF NJURY (Home, farm 20f (City or town) (County) Not While factory, street, office b da., etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work of work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XL Inquiry X and in my apinian death resulted fram. Natural causes 4. Accident I Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ the funeral O DEPUTY July 4. 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** SKITARELIC. 5 may 70 FUNE Health BENEDICT M.D. NAME (Type) Address (Street, city, town, or county) Cumberland, Md 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Allegany Md. Burial July 7, 1966 Sunset Memorial Park Cumberland 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15ME (5) Charlen William G. Kight 1966 Cumberland, Md. DATE JU 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) the ottending physicion and completely filled in by the funeral sit permit. Then, blease remove carbon papers. Pages I and nation, or removed. o COUNTY o. STATE **b** COUNTY ALLEGANY MARYLAND MARYTAND GARRETT b CITY OR TOWN (If outside corporate limits E LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) GRANTSVILLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL YES NOT 3 NAME OF Midd.e Lost 4. DATE Month Doy Year DECEASED HARVEY (Type or print) DINNE DEATH IF UNDER 24 HRS. S SEX 9. AGE (In year IF UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED iost berthdoy) Months Doys Hours WIDOWED DIVORCED MALE WHITE 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done IOB KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? MARYTETT Greenville Twp. Pa Retired roads wo Roads Dept. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Christian Nedro William Deitle 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes-po-or unknown) (If yes give wor or dates of service) 7-28-9590 PT'S CHART INTERVAL BETWEEN B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH **burial-transit** Myecardial Infarction IMMEDIATE CAUSE (o). signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the b f Health prior to b stoting the underlying couse Page 4 may be retained by the haspital or ottending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS' PERFORMED? ES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Tuberculosis, pulmonary, far advanced, active 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 2) I certify that (1) (this haspital) attended the deceased fram-7 - 14 , 166 , that (1) (we) last , 1966__, ta 7 m 11: should 1966, and that death accurred and m. M, fram causes and an the date stated above. saw the deceased alive an 1 22b. DATE SIGNED 22o. SIGNATURE STAFF DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) DR. BALLIN St. Cumberland, Md. 21502 62 Greens director, 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Grantsville ADDRESS rantsville.Garrett Co. Mo dirai 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Coursiand Grantsville, Md. VR A15 (4) "inanily ! mage 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I physician and campletely filled in by the funeral perimplease remave carbon papers. Pages 1 and PLACE OF DEATH MARYLAND COUNTY o. COUNTY a. STATE ALLEGANY KLLEGANY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) FLINTSTONE 4 Days d. STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? SACRED HEART HOSPITAL YES XX NO [3. NAME OF Middle 4. DATE Month Year First Lost Dov DECEASED (Type or print) D. DOLLY JULY 66 DAYTON 19 DEATH 9 AGE (In years birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH NEVER MARRIED Months NOV. 12. MALE WHITTE WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Own Farm during most of working life, even if retired) WEST VIRGINIA Retired Farmer 14 MOTHER'S MAIDEN NAME 0 4 13. FATHER S NAME (DECEASED) VIRGINIA MALLOW DOLLY (DECEASED) JOSIAH DOLLY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address -transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) PATIENTS CH ART Yes 212118-137 TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X Ē (20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I of Port II of Item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Not While at work of work 21. I certify that (I) (this haspital) attended the deceased fram_ 19 66 to ... 196 Cathat (1) (we) last 6-30 be retained 19 66, and that death accurred at 3 9 M, from causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) Wavne 126 N. Smallwood St. Cumberland, Marylan director, shauld b 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Flintstone Glendale Cemetery Allegany Md. 24 FLINERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Liancer 1966 William G. Kight Cumberland, Md.

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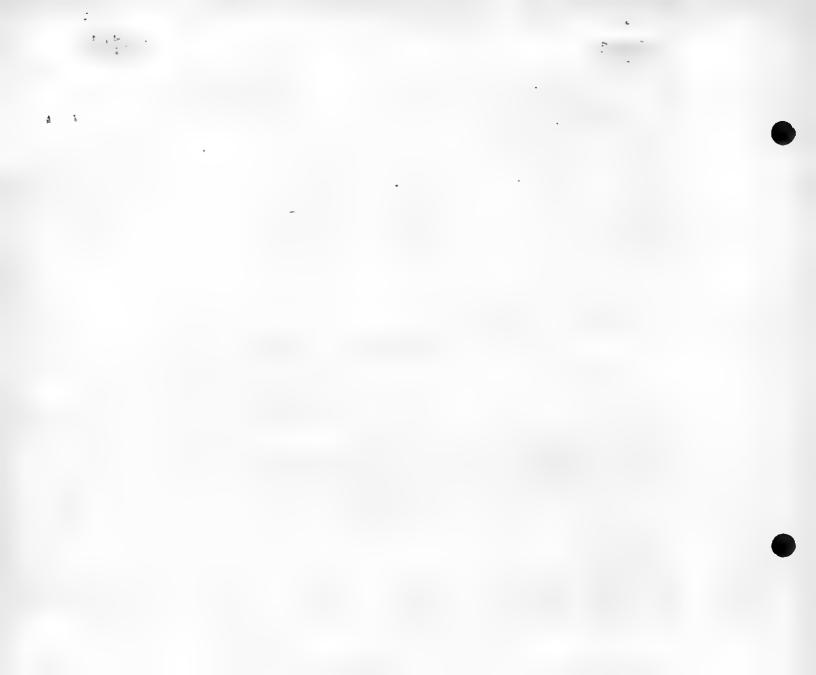
1		ı	Division of STATIS					IENT OF HEAI RESTON STREET,		E, MARYLA	ND 21201	
No.		09204			CER	TIFICATE	OF	DEATH			091	96
)	1.	PLACE OF DEATH D. COUNTY	LEGANY			MARYLAND	o. ST	AL RESIDENCE (When	ND	b. COUNT	ALLEGA	NY
		CUMBERL	f outside corporate limit give neorest town) AND		c LENGTH OF S		Com	CUMBE	RLAND,	ts, write RURA	7 1 1	
							607 ELM ST.					ON A FARM? YES NO X
	3.	NAME OF DECEASED Type or print)	MR.	NHOL ^{ta}	Middle R	DO	ORN	Lost 4.	DATE OF DEATH	JUL Y		Year 19 66
	S.	M M	6. COLOR OR RACE	WIDOWED	t	ORCED 🔲		25/93	9. AGE		Months Doys	Hours Min
	dat	a nost of working l	(Give kind of work done life even if retired)	→ N	ND OF BUSINESS O	male	e C	THPLACE (County & Str	and	MDQ,	12 CITIZEN OF	S.A.
		JOHN L		/			- 1	RENE LI				
2	15 (Ye	was deceased eve s, no or unknown)	R IN J.S ARMED FORCES? (If yes give wor or dotes of	of service)	SOCIAL SECURITY I		NFORMAN NE MO	RIAL HO	SPITAL	Address CU		ND, MD.
ווט סטוטן, עוביינטווטון, טו ופווטייטן, עונט וויין נפסו		1B. CAUSE OF DE PART 1. DEAT Conditions, if ony, nse to immediate stating the under lost.	e couse (o), ((o) Co (b) Co	(c), (b), and (c).) Center Lew	Corre	Co	Cock V	beren.	Dise	on C	RVA. BETWEEN SET AND DEATH
н	CATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	DRI	ulled	50/ /	Ru	unt	40		19. YI	WAS AUTOPSY PERFORMED? S NO
	I, CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJU			are of injury in Port	or Port II of	item 1B.)		
	MEDICAL	20c. TIME OF INJU Hour o.m	10	20d. IN While of work	Not While of work	20e. PLAC	E OF INJU ory, street,	RY (Home, form, office bldg., etc.)	20f. (City	or town)	(County)	(Stote)
			ty that (I) (this has eceased olive on_	pital) attend	ded the decea	sed fram_ and that	death	occurred as		n causes a	19 <u>66</u> , th nd an the date 22b DATESIGN	e stated gbave.
1		22 PHYSICIAN'S NAME (Type)	DR. G.O.1	MU/C	WRIGHT	M.C	ATTEN PHYS 22d	ADDRESS I RG		VE. C	UMBE RL	5/66
	Į	B JRIAL, CREMATIO REMOVAL (Specific FUNERAL DIRECTOR	7/27/	66	23c, NAME OF	CEMETERY OF C	REMATOR	P.B.	23d LOCATION REGISTRAR	2Sb. REGI	e V	20
(4) /66		Lavis	Stein	fue.	Cum	6. m	de	DATE JUL	28 19	66 /	lianly	Judge

and the same

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY g. STATE b. COUNTY LEGANY ALLEGANY MARYLAND enand, physician and completely filled in by the fa This. Then please remove corbon papers. Pages I or removal, and in any event, within 72 haurs afte. OTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) MT. SAVAGE CUMBERLAND d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS MEMORIAL HOSPITAL NO YES 3 NAME OF Middle 4 DATE First Last Year 19 66 DECEASED JUL Y 24 EDWARD **EMERICK** E (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost prthday) Days Haurs 9-19-1907 WHITE MALE WIDOWED DIVOR CED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10g USUAL OCCUPAT ON (Give kind of work done 1) BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) **INDUSTRY** Allegany Co.-Maryland Col Garage Maintenance Man legany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN EMERICK CLARA KENNELL the attending of 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Leo Edward Emerick, U.S. Navy, Norfolk, Va INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY **buriol-transit** ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Por 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Caunty) factory, street, affice bldg., etc.) Not While at wark at work should be 21. I certify that (I) (this haspital) attended the deceased fram 7-23 7-24 196C, that (I) (we) last 1966, ta and that death accurred at 4:13 MP from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS. director, poge should be filed 22d. 22c. PHYSICIAN'S ST. CUMBERLAND. M CENTRE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREO (County) (State) REMOVAL (Specify) Jawa Memoria 2\$b. 24 FUNERAL DIRECTO Marley VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09206 and 2 death. requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician and completely filled in by the funeral en plasse, remave carban papers. Pages 1 and avail and and event, within 72 haurs after death PLACE OF DEATH b COUNTY o. COUNTY o. STATE ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 CUMBERLAND 10 Days CUMBERLAND. e IS RESIDENCE ON A FARM? d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 709 WINNER ST. SACRED HEART HOSPITAL YES NO X 3. NAME OF 4 DATE Month Day Year First Middle Lost DECEASED 0F 19 66 NELLIE EMERICK E. JULY DEATH (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. PATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours birthday) Dovs -26-16 WHITE FEMALE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State or foreign country) IGa LSUAL OCCUPATION (Give kind of work done Own Home USA COUNTRY? during most of working life, even if retired) 'llerslie, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME JOHN FORMAN EDDA (SMITH) FORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes an ar unknown) (If yes give war ar dates of service PATIENT'S CHART INTERVAL BETWEEN 18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b), and (c)).
PART 1 DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS'
PERFORMED? FICATION detached far use te Dept, af Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) nt wark should be 21 | certify that (1) (this-hospital) attended the deceased fram_ director, page 3 should should be filed with the saw the deceased alive on_ 22b. DATE SIGNED 220 SIGNATURE ATTENDING auton DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) RINSFIELDMO ARLTON 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREOF (County) REMOYAL (Specify) Redford Cemetery 17,1964 Bedford 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66 1956 yeura.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death lease remove carbon papers. Poges 1 ond ond in any event, within 72 hours after death funeral 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Allegany Maryland Allegany MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b EITY OR TOWN (If outside comparate limits. C LENGTH OF STAY IN 16 write RURAL and give negrest town) Cumberland years Cumberland e IS RESIDENCE ON A FARM? filled in I d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS 131 Oak Street YES NO 3 Oak Street 4. DATE 3. NAME OF Middle Doy Year please remove carbon First completely DECEASED Solomon Goodrich July 19 66 Le Rov DEATH Type or pant) F UNDER 24 HRS. 9 AGE (In years F UNDER 1 YEAR DATE OF BIRTH 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED gigst birthday) Months Dovs Hours Jan. 22, 1895 Male White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 10o LSLAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY Railroad during most of working life even if retired).
Retired Conductor Ocean, Maryland USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Joseph L. Goodrich Fannie F. Long d by the oriending partners the tremstion of removing 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) | Ill yes give war ar dotes af service) 16. SOCIAL SECURITY NO. Mrs. Martha Goodrich, Cumberland, Md. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH -PART I. DEATH WAS CAUSED BY Murgara IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate cause (o), DUF TO stoting the underlying cause as the Poge 4 may be retained by the hospital or attending this certificate has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use State Dept. of Health NO DA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day Year foctory, street, affice bldg , etc.) Hour o.m. Nat While ot work at wark FUNERAL DIRECTOR: After 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 9/7/6 plnous director, page 3 should should be filed with the 1966, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE 50 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Michael Glick .M.D. 126 N. Smallwood St., Cumberland, Md NAME (Type) L. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF (County) 230 BUR AL, CREMATION, By REMOVAL (Specify) Cumberland, Md. Allegany St. Mary's Cemetery 2 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Scarpelli, Cumberland, Md. VR A15 (4) liangely 20 M 1/66



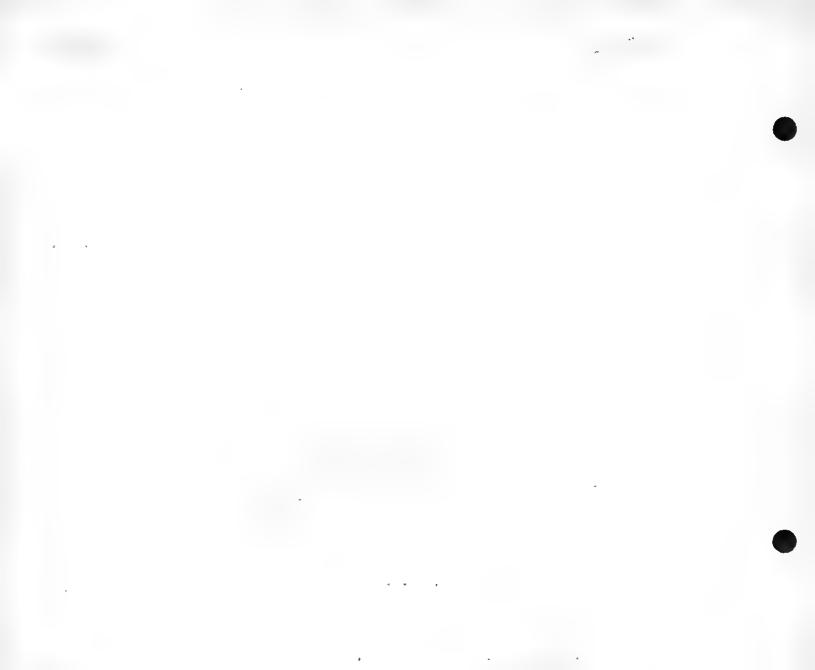
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ges J and 2 after death. requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages J and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COUNTY Maryland Alleronv Allemany MARYLAND b CITY OR TOWN (If autside carporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give neprest town) Cumberlard years e IS RESIDENCE ON A FARM? d. STREET ADDRESS remave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 405 Prince George St. YES 406 Prince Geor'e Street 3 NAME OF Middle Lost 4 DATE Manth DECEASED 19 66 Jul." Griffin Joseph Hanry (Type or print) DEATH SEX 8 DATE OF BIRTH 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 plast birthday) Months June 19,1879 MONY Male White WIDOWED DIVORCED 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR dur na most of work na life, even if retired) COUNTRY? INDUSTRY Curberland, Md. USA Employed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John T. Griffin Laura Johnson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service Geor te A. Griffin, Cumberland, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per/line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse by the haspital ar attending as the priar tal O FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use f Health p NO YES 🗌 20a ACE DENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 18/ 12. to 4. to Page 4 may be retained M, fram causes and an the date stated above ___19_60, and that death accurred at saw the deceased alive an... 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. directar, page should be filed 22d ADDRESS 43 Greene 22c. PHYSICIAN'S S+ . , Blane M. Schindler, M.D. Curberland, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOXAL (Specify) St. Mary' Cemeterv Cumberland, Md. Allegany 24. FUNERAL DIRECTOR Scarnelli, Cumberland, Md. 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1956



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, CERTIFICATE OF DEATH 09203 requires that the death certificate be executed within 24 haurs after death. rsicion and completely filled in by the funeral please remove corbon popers. Pages 7 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH ALLEGANY b COUNTY AL o COUNTY LEGANY MARYLAND ve corbon popers. Pages 1/2 event, within 72 haurs affer b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside agroprote I mits, write RURAL and give nearest tawn) LAVALE DAYS d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL 106 SANTE FE ST. NO F 3 NAME OF 4 DATE First Middle Lost Month Day Year OF DEATH DECEASED ZILLAH HABEL JULY 66 19 (Type or pont) IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Instanthology) Manths Days Haurs FEMALE WHITE 3-5-1888 WIDOWED DIVORCED signed by the attending physician and buriol-transit permit. Then please rem TOB KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 12. C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY FAYETTE CO. PA. puo HORSEN TOE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, GIBBONS CORA ASPINWAL WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) MEMORIAL HOSPITAL. CUMBERLAND. MD. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per-line for (a), (b), and (c), PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse far use os the l f Health prior to t Page 4 moy be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO 200 ACCIDENT WAS JNDERLYING 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port i or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH with the State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, affice bldg, etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from 193/1, saw the deceased alive on Mells 29 19 5 and that death accurred at 19____, that (I) (We) last Am, from causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNET ATTENDING DIRECTOR M.D. PHYS. director, poge should be filed 22d ADDRESS 72c PHYSICIAN'S NAME (Type) OVERTON HIMMELWRIGHT G. CUMBERLAND. MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 23o. BURIAL, CREMATION, 1966 Rest Lawn Memorial Gardens Near Cumberland, Allegany 25b REGISTRERS SIMMINUT Land 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 230 Balto Ave. Cumberland, Md AUG 1966 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09202 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09210 FOR STATE HEALTH DEPT. 2 LISUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE **B. COUNTY** 2, and 3 to PM3. Page death. ij MARYT.AND ALLEGANY MARYLAND ALLEGANY b CTY OR TOWN (If autside carporate imits c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write R. RAL and a ve nearest town) after ECKHART) FROSTBURG. MD. 1 HR. CUMBERLAND e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME DE HOSPITAL DR NSTITUTION (If not an hospito, id ve street address) form ote De YES NO T Give Pages MEMORIAL HOSPITAL ROUTE Office along with 4 DATE 3 NAME OF First Inst Year the Str in 72 I DECEASED JULY 22. 1966 HUE Y LONG HAMRICK within DEATH Type or print DATE OF BIRTH 9 AGE (n years IF ANDER I YEAR IF UNDER 24 HRS. SSEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthacy) Months Dovs Hours Hem 18. DEC. 29. 1958 DIVORCED MALE WHITTE WIDOWED **Myent** 11 BIRTHPLACE (State or fore gn country) 12 CIT ZEN DE WHAT 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR U.S.A. dur na most of working life, even if retired) SCHOOL MARYLAND Offly 14 MOTHER'S MAIDEN NAME pencii 13 FATHER S NAME with n _ HUEY L. HAMRICK SHEILA LANCASTER pug 4 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address BOX 587 16 SOC AL SECURITY NO rd 'pending" in Chief Medical E be executed (Yes, no, or unknown) liff yes give wor or dotes of service) remayol. NONE MRS. SHEILA HAMRICK. RT. 1. FROSTBURG. MD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) burial-transit 2 HOUTS PART I DEATH WAS CAUSED BY Subdural Hemorrhage, Massive 10 MMED ATE CAUSE (p) certificate should e, writing the ward forworded to the Ch cremation, 1124 DUE TO 2 Hours Skull Fracture Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse 0 0.5 last buriol, WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(o) PERFORMED K NO FICAL 0 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) prior should Struck by Automobile CAUSE OF DEATH 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c T-ME OF INJURY Month, Day, Year While Not While Piney Mt.Road of work Eckhart, Allegany, Maryland may be retained for your FUNERAL DIRECTOR: Poge July 22 1966 21 | certify that I took charge of the remains described obave, held on Autopsy Inquiry X Inspection 🗶 , and in my opinion director. Accident XX, Suicide Homicide [Undetermined manner death resulted from: Notural couses CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER XXX July 22, 1966 O DEPUTY 9 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Heolth , Address (Street, city, town, or courdimberland. Md. 23d. LOCATION (City or Town) (County) BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 0 BURIAL (Specify) ECKHART. MARYLAND 7-25-66 ECKHART CEMETERY 25p. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) DURST. SR. FROSTRURG. MD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages, 1 and 2 nouts offer deoth. the law requires that the deoth certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Allegany Marvland Allegany MARYLAND c LENGTH OF STAY IN 16 c EITY OR TOWN (If auts de carparote limits, write RURA, and give nearest town) b. CITY OR TOWN (f outside carparate limits, wate RURAL and give pearest town)
Cumberland h Years Cumberland remove carbon papers. Pin ony event, within 72 hou B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS completely filled in 613 Lynn Street 613 Lynn Street YES NO THE DATE NAME OF Frest Middle Last Manth Day Year DECEASED James Walter Harris July 66 19 DEATH (Type or print) IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Manths Days Hours DIVORCED 75 yrs WIDOWED March 11.1891 Male White 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) IDa USUA, OCCUPATION (Give kind of wark done COUNTRY? during most of working life, even tretired). Retired Silk Mill INDUSTRY Lonoconing Alleg Co Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Harris Elizabeth Prichard Addrew 13 Lynn Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT cremotion, or re-(Yes, no or unknown) (f yes give wor or dates at service) 217-10-11/15 Mrs. Stella Harris Cumberland, Md 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremotii PART 1 DEATH WAS CAUSED BY. Cerebro-vascular accidents, multiple IMMEDIATE CAUSE (o) DUE TO Hypertensive ACVD vears Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART MOI 19 WAS AUTOPSY PERFORMED? CERTIFICATION be detached for use Stote Dept. of Healt NO K YES this certificate Į. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at work at work OF FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the Stote 21. I certify that (I) (this haspital) attended the deceased fram 11 - 16 . 19 OOthat (I) (we) last 19 66 and that death accurred at 3 m M, from causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22a SIGNATURE **ATTENDING** MED. DIRECTOR 7-5-66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S 21502 NAME (Type) Ralph W. Ballin. Greene St. Cumberland 23b DATE THEREOF 23d LOCATION (City or Town) 23a, BUR AL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) BEMOYAL (Specify) 7/6/66 Cumberland Alleg Maryland Hillcrest Burial Park 2Sg. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)4 Melanley DATEJU 1966 Ruth E. Silcox Cumberland, Maryland 21502 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARNIANDA									
. "= 건글	-	09212 CERTIFICATE OF DEATH								U4
funeral funeral Fand 2 r death.	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENC	E (Where decease	d lived, If institut	ion: Residence b	efore admission)	
	ALLEGANY MARYLAND					a. STATE MARYLAND b. COUNTY ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
24 hours a gapers. Pagin 72 hours		b. CITY OR TOWN (If our write RURAL and give FROSTB	e nearest town)	orate limits, c. LENGTH OF STAY IN 1b town)			OUTSIDE COPPORT		UKAL and give	nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				dress)	d. STREET ADDRESS	DIDOM		0.	IS RESIDENCE
	35 WEST COLLEGE AVENUE					35	WEST C	OLLEGE	ATEU	ON A FARM?
executed within 24 and completely fill remove carbon pap is any event, within 7	3.	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day	Year
omple cal	5.	(Type or print) SEX 6. COL	OR OR RACE 7. MARRIE	D NEVER MARRIED.		HARTIG	DEATH 19. AG	JULY E (in years IFU	5 NDER 1 YEAR IIF	19 66 UNDER 24 HRS.
xecut and c emov	FE	MALE WHI	21 10351111111				885 81a	st birthday) Mor	iths Days	Hours Min.
sician a	10a. duri	USUAL OCCUPATION (GIV ng most of working life, OWN HOME	e kind of work done 10b. even if retired)	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	-	oreign country)	12. CITIZEN OF	TAHW
physician		FATHER'S NAME				FROSTBURG	4	LAND	U.S.A.	
		MARTIN	HARTIG			CATHER		LFER		
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Fingurabease remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or regional and in any event, with	15. (Ye	WAS DECEASED EVER IN	Tanimas in dates of comical	6. SOCIAL SECURITY NO.	1	INFORMANT			STBURG	9
		NO		NONE	MRS	. ALICE SO	CROGGAN	,62 W.	COLLEG	
		18. CAUSE OF DEATH [PART 1. DEATH WA	Enter only one cause pe	r line for (a), (b), and (c).	1 4	0	000	100	INTERV	AND DEATH
	П	443X IMME	DIATE CAUSE (a)	crecreo	<u>س) س</u>	Chizm.	every		- Lui	Cour
		Conditions, if any, wh	ich } (b)	y porto	21	coin	Can	dia -	_	
		gave rise to immedicause (a), stating		10-00		dia			100	1251
	<u>8</u>	underlying cause last. PARTII. OTHER SIGNIFIC	(c) ANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE CONDITI	ON GIVEN IN PAR		VAS AUTOPSY
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		20c. TIME OF INJURY		INJURY OCCURRED 120	e. PLAC	CE OF INJURY (Home, fa	rm, 20f. (Cit	v or town)	(County)	(State)
	MEDICAL	Hour a.m.	19 Whilat w	le - Not While -	facto	ry, street, office bldg., et	c.)	,		
			(I) (this hospital) atter		m_Z	0-10 ,19	60 to_	-5-	19 66 , that	(I) (we) -last
		saw the deceased	alive on	19.64c, an	d that	death occurred at	A_M, from		on the date	
		228. SIGNATORE	X	Die S	M,D	ATTENDING A	MED.	STAFF PHYS.	7/7/	166
SPITAL 4 may IERAL D tor, pag d be file		22c. PHYSICIAN'S NAME (Type)	77 7 7 77		(11,122	22d. ADDRESS	THEOREM 1	11107 217	1.1	- N
TO HOSPITAL Page 4 may O FUNERAL director, pa	020		H.C. DIEH		& PT FD I/	B9 W. MAI	N ST.	FROSTE	URG, M	D. (State)
TO F Partition of the second o	23a.	BURIAL, CREMATION, REMOVAL (Specify) URIAL.	TILY 8 106	FROSTBUR	0 20	OR CREMATORY		TON (City, town	M ADA	(State)
J.	24.	AUNERAL DIRECTOR	www HAFE	ADDRESS	HOM		TROST	AR 25b, REGIS	TRAR'S SIGNAT	URE
VR A15 (4) 15M 4-64	M	ARILOU SOW	ERS 60 W	MATN ST		OSTBURGE J	UL 12	1966 30	Marley	udge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09205 09213 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND c. CITY OR TOWN (If ourside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 2/20/1945 Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Allegany County Infirmary HENRY STREET NO X YES NAME OF Middle 4 DATE Manth Day DECEASED Hayden OF DEATH Hillry July 21, 66 Jame s (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED last birthday) Male White WIDOWED DIVORCED in any rem 12 CITIZEN OF WHAT 10a. JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY? Retired: Mechanic INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles T. Hayden Helen May Ferguson 17 INFORMANT P.O.BOX 599. Address Cumberland. Md 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates at service) Allegany County Infirmary records. 220 10 9366 cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES . certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, FUNERAL DIRECTOR: After this factory, street, office bldg , etc.) Nat While ot work 21. I certify that (1) (this haspital) attended the deceased from 2/20/ M, fram causes and an the date stated above. saw the deceased alive an 7 and that death_occurred at 22b. DATE SIGNED 7/22/1966. 22o. SIGNATURE MED. DIRECTOR **ATTENDING** STAFF PHYS. X directar, page 3 shauld be filed v M.D. PHYS 22d **ADDRESS** 22c PHYSICIAN'S Greene St.. Cumberland, Md. В. Mathews. M. D. NAME (Type) Lee 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BURIAL, CREMATION, REMOVAL (Specify)
Burial July 25,1966b Rose Hill Cemetery Cumberland, Md ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR
Byron Kight VR A15 (4) 26 1966 Cumberland, Md. 20 M 1/66

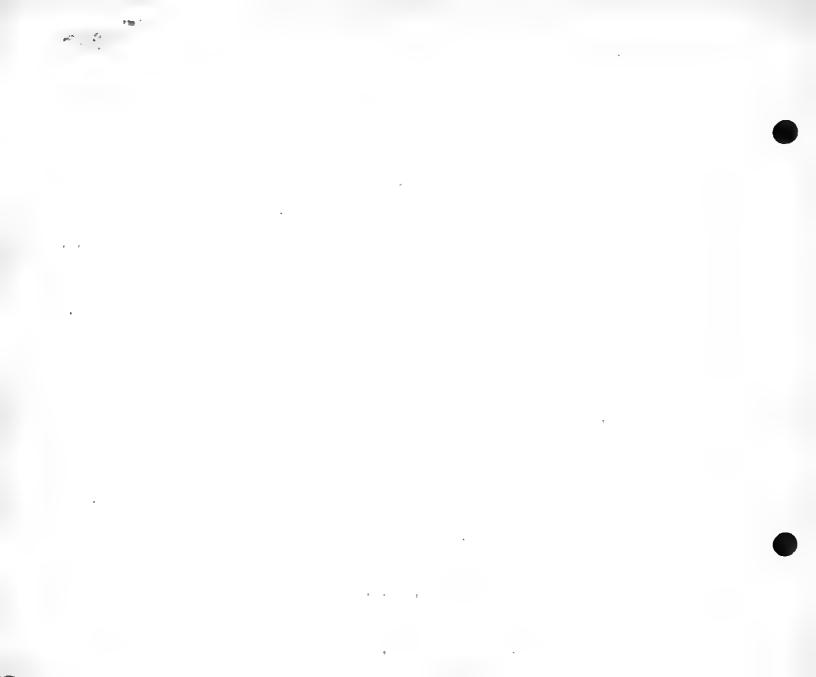


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09214 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. the attending physician and completely filled in by the funeral set permit. Then please remave carbon papers Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 6 COUNTY a. COUNTY EGANY ALL EGANY MARYLAND ve carbon papers Pages I event, within 72 haurs after b CITY OR TOWN (t autside carparate limits. t LENGTH OF STAY IN 16 c CITY OR TOWN (If autside cosparate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND DAYS CUMBERLAND B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS MEMORIAL HOSPITAL 112 HENRY ST. NO A NAME OF Middle DATE First Month Dov Year OF DEATH DECEASED HILLEARY JUL Y 10 1966 WANDA B (Type or print) YEAR IF JNDER 24 HRS. AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED (got outhday) Months Days Hours WHITE 10-11-1913 FEMALE WIDOWED DIVORCED 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10g USUAL OCCL PAT ON (Give kind of work done 10b KIND OF BUSINESS OR during most of warking life, even if retired) COUNTRY 2 INDUSTRY MARYLAND 13. FATHER'S NAME Muse man 14. MOTHER'S MAIDEN NAME ar remayal IVY M. BROOKS ROBERT ME TZ 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give war ar dates of service) MEMORIAL HOSPITAL. CUMBERLAND. MD crematian, INTERVAL BETWEET CAUSE OF DEATH (Enter only one cause per line for (a), (b), burial-transit ONSET AND DEAL PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO signed by physician. DUE TO burial, Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause been as the Page 4 may be retained by the haspital ar attending last. 19. WAS AUTOPS'
PERFORMED? O FUNERAL DIRECTOR: After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO Ь 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [detached f te Dept, of l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 201 (City or town) (County) (State) Not While factory, street, affice bldg., etc.) 19 at work at work ě 21. I certify that (I) (this hospital) getended the deceased from shauld M. from cooses and an the date stated above. and that death occurred at saw the deceased alive on 22a SIGNATIORE 22b DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GREENE ST. SCHINDLER directar, shauld be 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966

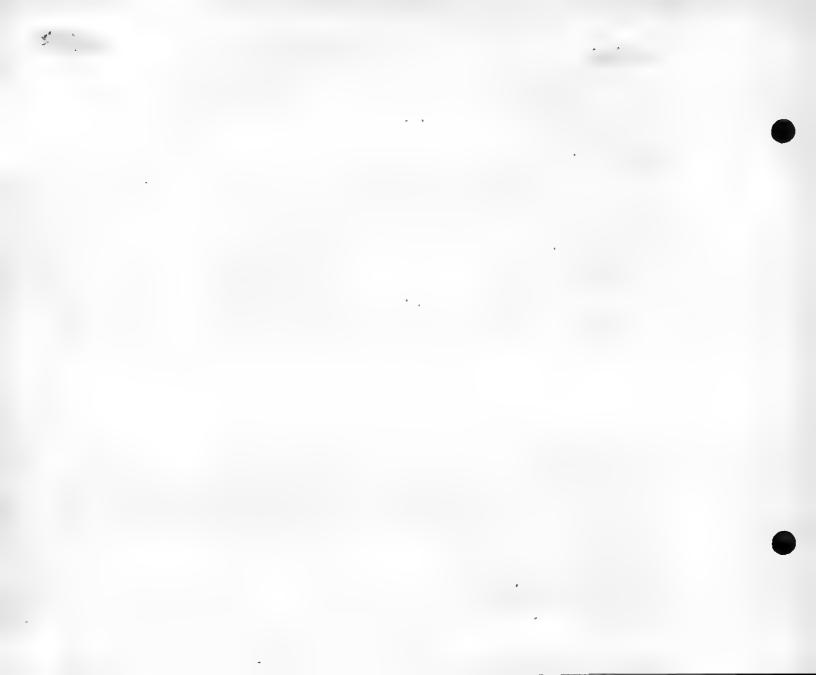


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09215 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY MARYLAND b COUNTY ALLEGANY ALLEGANY **5** deoth b CITY OR TOWN (If autside carparate imits, c CITY OR TOWN (If outside corporate in its write RURAL and give nearest fown) c LENGTH OF STAY N 1b write RJRAL and give nearest town) ofter 33 DAYS CUMBERLAND FROSTBURG e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS MEMORIAL HOSPITAL 145 WOOD STREET ho. YES NO 🔼 rd "pending" in pencil in Item 18. Give Pages Chief Medical Examiner's Office along with for ote 3 NAME OF First Middle. Last 4. DATE Month Day Year DECEASED MARGARET F. HOSKEN JULY 3, 66 £ 0 (Type or print) 19 DEATH w.th.t S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF LINDER 1 YEAR TELINDER 24 HRS 7 MARR ED NEVER MARRIED birthday) Months Days WHITE SEPT. 10, 1882 FEMALE WIDOWED IX DIVORCED event 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work dane 12 CT ZEN OF WHAT 10b KIND OF BUS NESS OR INDUSTRYN HOME MARYLAND 3 FATHERS NAME 14. MOTHER'S MAIDEN NAME be executed with.n JOHN FARRADY MARGARET FREAL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO. 7 INFORMANT 203 SHADYBROOK COURT. (Yes, na, ar unknown) ((If yes give war or dates of service) or removal. MRS. GRACE DENSMORE, CATONSVILLE. MD. NONE INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter any one cause per line for (a). (b) and (c)) PART I. DEATH WAS CAUSED BY SUDDEN DEATH PULMONARY EMBOLISM, MASSIVE MMEDIATE CAUSE (a)_ s a bursal-tra cremation, (This certificate should DUE TO FRACTURE OF RIGHT HIP 34 Davs Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause used os burial, c last. 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES 📆 NO 0 20a. EXTERNAL CAUSE WAS PRIMARY TO GO CONTRIBUTING 5 may be retained for your files.

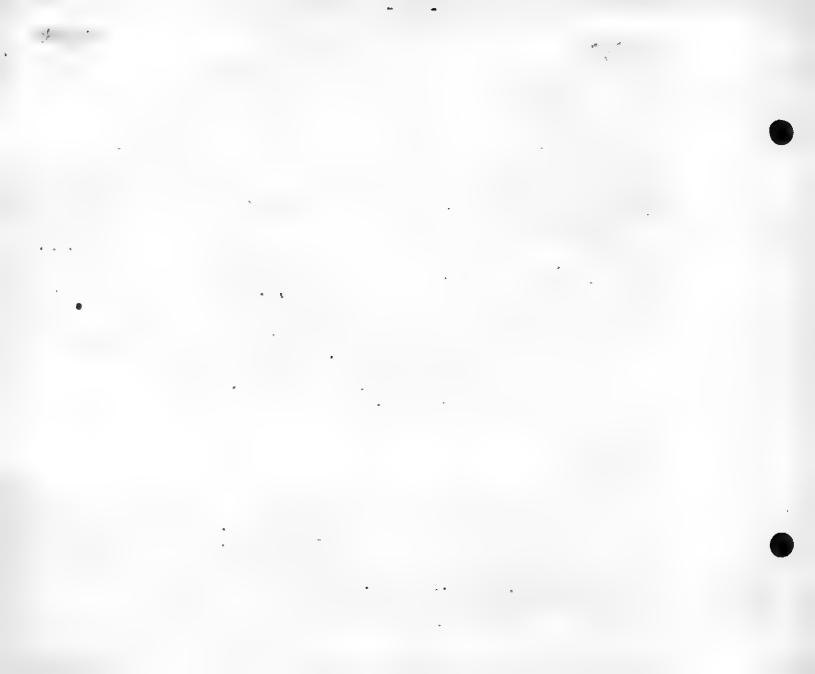
10 FUNERAL DIRECTOR: Page 3 should the Health or its designated agent, prior 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) should CAUSE OF DEATH. FELL AT HOOME 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home farm 20f ((ity or town) (County) While Nat While foctory, street, office bldg, etc.)
Home pml JULY 3 1966 of wark at wark Frostburg, Alleg. Maryland 21 I certify that I took charge of the remains described above, held on Autopsy K. Inspection X, Inquiry X, and in my apinion the funerol director. death resulted fram: Natural causes Accident X, Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPIITY DEPUTY MED CAL EXAMINER K ANALY July **EXAMINER'S** X Address (Street, city, town, or county) CUMBERLAND ND BENEDICT SKITARELIC, M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION, 23d LOCATION (City or Town) (County) JULY 6, 1966 FB'G. MEMORIAL PARK FROSTBURG. MD. 24 FUNERAL DIRECTOR 2Sa. REC D BY REGISTRAR VR ATSME (50 JOSEPH R. DURST, SR., FROSTBURG, MD. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09208 PLIME OF BEATH death. requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permy. They please remave carban papers. Pages Aand 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest tawn) MESHACK FROST VILLAGE, FROSTBURG, D.O.A. FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 MINERS HOSPITAL YES | NO K 3 NAME OF Middle 4. DATE Lost Manth Doy DECEASED ALFRED HUNTER JULY 7th 19 66 DEATH (Type or pnnt) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 7 MARRIED X 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE NEVER MARRIED last hirthday) Months Days Haurs JULY 14th, 1888 MALE WHITE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a JSUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 8IRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired)
RET.FLEC.MAINT. MAN INDUSTRY USA MARYLAND COAL MINES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE HUNTER MARY LOGSDON IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) I(If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT F'BG., MD. Aridress 214-01-3801 MRS.MARY HUNTER, MESHACK FROST VILLAGE. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL ALTWEEN burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying cause as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS ACTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health NO 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Haur a.m factory, street, office bldg., etc.) Nat While at work Aftended the deceased from July 19 66 that (1) (we) last 21. I certify that (I) (this haspital) saw the deceased alive an 1966, and that death accurred a TOAM from causes and an the date stated above. 22o. SIGNATURE ATTENDING STAFF PHYS. director, page 3 should be filed v M,D 22d ADDRESS 22c. PHYSICIAN'S O. McLANE, NAME (Type) 11 167 E. MAIN STREET PROSTBORG. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a SURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) BURLAL (Specify) 7-9-66 F'BG. MEMORIAL PARK FROSTBURG, MD. 24 FUNERAL DIRECTOR ADDRESS 25g, REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) JOSEPH R. DURST, SR. FROSTBURG, MD. 20 M 1/66



MARYLAND-STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral . Pages I and? PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE Marvland b. COJNTY Allegany Allegany and campletely filled in by the fur s remave carbon papers. Pages 1 in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate im ts write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3/26/1966 Cumberland Cumberland IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Allegany County Infirmary 528 Cumberland Street NO X 3. NAME OF Middle 4. DATE Lost Month DECEASED Janicki July 66 Barbara DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED last birthdoy) Months Doys Hours White Female WIDOWED K. 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? dur no most of working life, even if retired)
HOUSEWIIO INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER SYNAME crematian, or remaval; Elizabeth S ey mo 17 INFORMANTP . U. Box 599 16 SOCIAL SECURITY NO WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) (If yes give wer or detes of service Allegany County Infirmary Sla INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p burial, crematia PART I DEATH WAS CAUSED BY ONSET AND DEATH Carcinoma of the Pelvis - Vaginal atre-IMMEDIATE CAUSE (o) Tumor of the Rt. Breast, possible Carcinoma Myocarditis, Chr. Degenerative. Conditions, if any, which gave rise to immediate couse (a), Arteriosclerosis. General. Residuals as the priar tat stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been Gof Polio.Rt. Log Abrophy. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION YES 🗔 NO [ło 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While factory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this haspital) attended the deceased fram 19___, that (I) (we) last saw the deceased alive anand that death accurred at M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED X DIRECTOR M.D. 22c. PHYSICIAN'S Greene St., Cumberland, Md. Tee B. Mathews, M. D. NAME (Type) directar, shauld b 230 BURIAL, CREMAT ON, EMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town NAME OF CEMFTERY OR CREMATORY (Stote) VR A15 (4) 19\$6 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY 2, and 3 to PM3 Page Maryland Allegany death. Allegany b CITY OR TOWN (It autside carparate im ts. c LENGTH OF STAY IN 16 c CITY OR TOWN (f gutside comorate limits, write RURA, and give nearest town) write RJRAL and give nearest tawn) ofter (Credastoon, box # Cunberland d STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) hours word "pending" in penal in Item 18. Give Pages 1, the Chief Med cal Examiner's Office along with form in Item 18. Give Pages 1, ON A FARM? McMullen Huy. Sacred Heart Hosp. YES NO X 24 hours after death 3 NAME OF Midd e 4 DATE DECEASED OF William Juda July Andrew 19. 1966 (Type or print) DEATH ent with S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED lost birthdoy) Months Doys Hours White WIDOWED DIVORCED Male 1877 100 JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Ret. Supervisor Fibres Corp. U. S. A. pages 1 in any Lewisburg. W. Va. 13 FATHER'S NAME This certificate should be executed within 14 MOTHER'S MAIDEN NAME Sarah Hinkle Allen Judu puo 16 SOCIAL SECUR TY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Md. used as a buriol-transit permit. buriol, cremation, or remaval, (Yes, no, or unknown) (If yes give war or dates of service Wrs. Bertha Anne Judy Box 236 Cresaptown 214-07-5336 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per I ne for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (0) e, writing the word farworded to the Ch DUE TO CORONARY SCLEROSIS Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? please execute the certificate, NO or its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part I of item 18.) PRIMARY Tor CONTRIBUTING T CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page ot work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X and in my opinion Natural couses X deoth resulted fram: Accident Stricte Undetermined manner Homicide 19 July 1966 CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY *OEPUTY MEDICAL EXAMINER* **EXAMINER'S** Cumberland, Md. 5 moy 70 FUNE Benedict Skitarelic. NAME (Type) Address (Street, c'ty, town, or county) 230 BURNAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Allegany. Rose Hill Cemeteru 7/21/66 Cumberland. Burial 250 REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR Charles VR A15ME 25 1966 Cumperland. 6M 1766 wayne George



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. within 24 hours after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) funeral PLACE OF DEATH O. STATE PENNS YL VANIA o. COUNTY b. COUNTY BEDFORD ALLEGANY MARYLAND hin 72 hours after c CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest town b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 HYNDMAN DAYS CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC completely filled in papers. ON A FARM? MEMORIAL HOSPITAL NO YES attending physician una carban rermit. Then please remaye carban with 3 NAME OF First Middle Lost 4. DATE Month Doy Year ÛF DECEASED 1966 JULY 22 KELLEY NORMAN M. DEATH (Type or pnnt) requires that the death certificate be executed IF UNDER I YEAR IF UNDER 24 HRS. AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthdoy) Doys Months Hours MALE WHITE MIDOWED DIVORCED 12 CITIZEN OF WHAT the USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 106. KIND OF BUSINESS OR COUNTRY? Signal Foreman B&O Railroad DEL AWARE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, MARY MITCHNER JOHN KELLEY 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) (If yes a ve wor or enter of service 05-09-2983 CUMBERLAND. MEMOR I AL HOSPITAL. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) bursal-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO far use as the b f Health priar to b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 90 detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. While Not While 19 at work of work 21. I certify that (1) (this haspital) ottended the deceased from director, page 3 should should be filed with the M. from Lauses and on the date stated above 19 and that death accurred at saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED/ ATTENDING M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) GREENE ST DR. S. G. WEISMAN 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION (County) (Stote) Somerset .1966 Berlin Cemeterv REC'D BY REGISTRAR REGISTRAR S SIGNATURE VR A15 (4) 1966 Hyndman. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 09212. 09220 requires that the death certificate be executed within 24 hours ofter death death the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b** COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate .imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 11 DAYS CUMBERIA ND. CUMBERLAND d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 316 FAYETTE ST. SACRED HEART HOSPITAL YES NO 3 NAME OF 4. DATE Middie Manth Day Year DECEASED FRANK KELLY 0F JULY 26 1966 Type or print) DEATH IF LINDER 24 HRS. 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER YEAR 7 MARRIED NEVER MARRIED buthdoy) Months Doys Haurs 8-2-97 in any WHITE MALE WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12, CITIZEN OF WHAT INDUSTRY COUNTRY? WESTERNPORT MD. 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME remova JOHN ELLA WAS DECEASED EVER IN U.S. ARMED FO 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes give were dates of service tremation, ar PATTENT'S CHART 18. CAUSE OF DEATH (Enter only one couse per line (pt (a), (b), and (c).) NTERVA BETWEEN signed by the burial-transit CONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse has been the last. WAS ALTOPS PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year Haur a.m. 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased from June 57.19 in that (1) (we) last 1966, ta 101-1 Page 4 may be retained director, page 3 should should be filed with the and that death occurred at 11 - M, fram causes and an the date stated above 22b. DATE SIGNED -22g. SIGNATURE ATTENDING PHYS DIRECTOR PHYS. 22d. ADDRESS 22C-PHYSICIAN'S NAME (Type) LIL N. F. DOERNER MECHANIC ST. CUMBERLAND. BURIAL, CREMATION (State REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08221 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral s 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH O. COUNTY LEGANY o. STATE b. COUNTY Ahen please remave carban papers. Pages I emaval, and in any event, within 72 hours after MARYLAND WEST VIRGINIA MINERAL filled in by the number I c LENGTH OF STAY IN 15 c CITY OR TOWN (If outs de carporate limits, write RURAL and give neatest town) b CITY OR TOWN (If autside carparate limits. DAYS KEYSER W.VA. d STREET ADDRESS B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 83 E. ST. MEMORIAL HOSPITAL NO 3 NAME OF Middle 4 DATE First Month Year Doy DECEASED Pauline -Mattie Kesecker JUL Y 66 16 (Type or print) DEATH 19 IF LINDER 24 HRS 9. AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED IV **NEVER MARRIED** birthdoy) Hours FEMALE WHITE FEB. TOB KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 C TIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? **INDUSTRY** Shenandoah.Va. House Wife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES W. STANLEY ARMINTA MEADOWS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war or dotes of service) crematian or HOOPITAL No None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), find (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o **DUF TO** Canditions, if any, which gave rise ta .mmediote couse (o), DUE TO stating the underlying couse as the priar to b Page 4 may be retained by the haspital ar attending has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? CERTIFICATION far use NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache should be filed with the State Dept. 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) foctory, street, office-bldg., etc.) Hour a.m While e Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from __, That (I) (we) last and that death accurred as 37 saw the deseased alive an A from causes and an the date stated above. 220. SIGNATURE 22b. DATESIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS NAME (Type) DR. WILLIAMS S. CENTRE ST. CUMB.MD 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION (County) (State) REMOYAL (Specify) 7-19-66 Queens Point Cem 250. REC'D BY REGISTRAR ZSb. REGISTRAR Mineral 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) wylen 1966 20 M 1/66 Keyser W. Va



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09214 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY NA 1 a. COUNTY ALLEGANY MARYLAND in by the Pages b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) an papers Pag within 72 haurs write RURAL and give negrest town)
CUMBERLAND KEYSER DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARMS filled i MEMORIAL HOSPITAL 273 S. MAIN ST. NO 3 NAME OF pau Middle 4 DATE Month Year DECEASED 1966 26 KESSEL JUL Y **EVERS** DEATH emave car (Type or print F LINDER YEAR SE LINDER 24 HRS S SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGF (In years 7 MARRIED NEVER MARRIED jest birthdoy) 12-15-1891 Davs Hours MALE WHITE WIDOWED DIVORCED TOB. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Rt. Clork INDUSTRY OUNTRY? WEST VIRGINIA Ô 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remaya DORY SHAFFER FELIX KESSEL 17. INFORMANT IS WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (Iff yes give war ar dates of service) 705-09-7129 HOSPITAL, CUMBERLAND, MD. MEMORIAL No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) burnal-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ģ 4201 DUE TO signed 1 burial, Conditions, if any, which gove rise to immediate couse (a) DUE TO stating the underlying cause peen as the priar tat affending last. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use detached far use e Dept. of Health NO YES Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark 19 2 And from couses and on the date stated above. 2). I certify that (I) (this haspital) attended the deceased fram... with the 26, 1966, and that death occurred at saw the deceased alive, on, 22a. SIGNATURE Dearl 10.0 PHYS. DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) F. WILLIAMS 122 S. CENTRE ST. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Lahmansville Cem. Lahmansville, W. Va. Jul. 29, 1966 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Keyser, W. Va. DATEAUG 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09223 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral o. COUNTY a. STATE h COLINTY ALLEGANY b. CITY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CIMBERIA ND CHMBERLAND d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WILLIAMS STREET SACRED HEART NO DO corban 3 NAME OF Middle 4 DATE Month Lost Dov DECEASED OF 1966 13 JULY KETZNER (Type or post) DEATH 9. AGE (In years S. SEX 6 COLOR UK RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove lost birthdoy) Hours in ony WIDOWED DIVORCED 2-3-91 FEMALE 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Registered Nurse INDUSTRY Hospital Harpers Ferry, W.VA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GEORGIANNA (FORNEY KETZNER JOHN NETZNER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANTINS. Donald L. Knidden Cumb. Md. (Yes no, or unknown) (If yes give wor or dates of service 5 Vo None 400 Louisiana Ave. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the c burial-transit p IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO for use os the l Health prior to b stoting the underlying cause hos been last WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO. O FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this herpital) attended the deceased fram 4000 19666.10 Page 4 may be retained 19 6 and that death accurred of saw the deceased alive on M, from couses and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 7/14/66 ADDRESS director, <u>mag</u> should be file 22c PHYSICIAN'S NAME (Type) DR. VIRGINIA AVE CUMBERLAND, MD. DURRETT. M.B. 230 BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) St. Patrick's Comotori Cumberland. Allegany. Burial 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VII A15 (4) 20 M 1/66 1966 Cumberland Wanne George



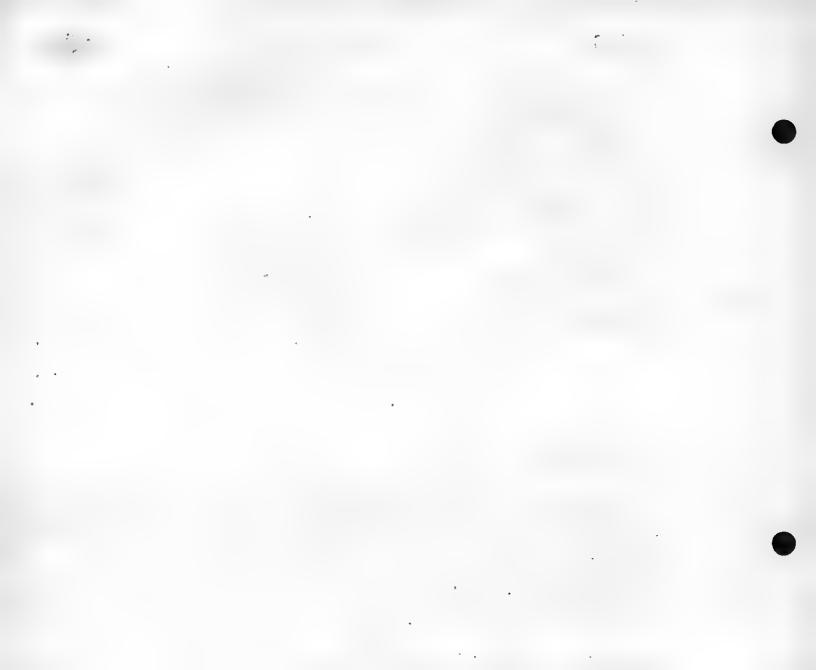
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09216 09224 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admiss an) PLACE OF DEATH Allegany o STATE Maryland a. COUNTY b. COUNTY Allegany MARYLAND c LENGTH OF STAY N To c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (If autside corparate limits, Cumberland 6/29/1966 Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Allegany County Infirmary 725 Gephart Drive YES NO X NAME OF Middle 4 DATE First Lost Month Dov Year DECEASED (Type or pnnt) Kirkland July 66 Bruce Angus 10 DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED 8 ast birthdoy) Months Male White 2/4/1885 WIDOWED DIVORCED 10a USUA, OCC., PATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of work no life, even if retired . Sale sman -Schwarzenbach's Jamaica. B. C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ambrone Kirkland Clara Livingston 17 INFORMANT P.O.BOX 599. Addres Cumber Land . Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown): (If yes give war or dates of service) Allegany County Infirmary records. 170-01-8360 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per-line for (o), (b), and (c) signed by the burnal-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES Į, 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, affice bidg, etc.) Nat While at work at work . to 7/17/66, 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an 7/16/66 and that death accurred at P. M. fram causes and an the date stated above 19 22g. SIGNATURE 22b DATE SIGNED STAFF PHYS. /19/1966 K directar, page 3 shauld be filed v M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S B. Mathews. M. D. 19 Greene St. Cumberland, Md. NAME (Type) Tee 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 7/20/66 Cumberland Allegany Maryland Hillcrest Burial Park 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FLINERAL DIRECTOR VR A15 (4) 20 M 1/66 Ruth E. Silcox Cumberland, Maryland 21502 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09225 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral nave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY a. STATE **b.** COUNTY ALLEGANY MARYLAND ALLEGANY hin 72 haurs after b CITY OR TOWN (If outside carparate Limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ECKHART 5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? PINEY MOUNTAIN ROAD YES NO MINERS HOSPITAL 3 NAME OF Middle DATE Manth Day and in any event, wit please remave carban DECEASED 0F JULY. 26TH. LANCASTER (Type or print) DEATH 丽. JOHN. IF UNDER 1 YEAR S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH east birthday) Manths Days Haurs WIDOWED DIVORCED MATE DEC. 26th, 1907 10a JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? JANITOR MARYLAND TISA BOWLING ALLEY 14 MOTHER'S MAIDEN NAME 13. FATHER SHEENE --MARY PAPE CHARLES LANCASTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, na, ar unknown] [(If yes give war or dates af service) 16 SOCIAL SECURITY NO 17. INFORMANT Address ECKHART. PINEY MT. ROAD, 217-10-5143 MRS. VIVA LANCASTER. signed by the atter burial-transit perm burial, crematian. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause this certificate has been be detached far use as the State Dept. af Health priar ta last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office blda., etc.) Not White 19 of work of work FUNERAL DIRICTOR: After 66 ta 6 19 66 that (I) (we) last 2). I certify that (I) (this hospital) attended the deceased from. Ly 26 19 106 and that death acturred at be filed with the 7 P.M. from couses and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE M.D. PHYS DIRECTOR PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S JOHN B. DAVIS, 2 BROADWAY, FROSTBURG, MD. NAME (Type) 23a. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVA (Specify) ECKHART CEMETERY ECKHART. 7-28-66 25b. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR FROSTBURG. MD. JOSEPH R. DURST, SSR. 1966



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09226 CERTIFICATE OF DEATH 09218 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral physician and composed in papers. Pages 1 pmd PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND please remove carbon papers. Pages 1 I, ond in any event, within 72 hours affer CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, FROSTBURG. 5 DAYS e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL NO ZZ POWERY ST Middle 4 DATE Month 3 NAME OF First Year DECEASED JANE 26th. 19 66 MARTHA **IEWIS** DEATH JULY (Type or print) IF LINDER 24 HRS. AGE (In years B. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Hours WHITE WIDOWED XIX **FIDMALE** DIVORCED FEB.15th.1883 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) HOUSEWORK COUNTRY? TISA HOUSEWORK MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ALTCE LEWIS DAVID L. JONES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service OVEN LEWIS. 19 BOVERY ST. FROSTBURG. MD 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Evocardial ischemia. day. DHE TO +201 Conditions, if ony, which gove failure Convestive rise to immediate couse (o), DHE TO stoting the underlying couse Page 4 moy be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been os the Years lost. A.S.C.V.D WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Heolth p MEDICAL CERTIFICATION NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (County) (Stote) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work at work 19 66 ta July 26 19 66 that (1) (we) last ploods 26 1966, and that death accurred at 5:30% from causes and an the date stated above. saw the deceased alive an_July 22b. DATE SIGNED 22o SIGNATURE ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MD. FROSTBURG. A PROADUAY WALTERS 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) 230. BURIAL CREMATION MD. F'BG. MEMORIAL PARK FROSTBURG 7-29-66 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 2Sb. 24. FUNERAL DIRECTOR Milarley 1966 DATE AUG FROSTBURG, MD. 20 M 1/66 JOSEPH R. DURST. SR.

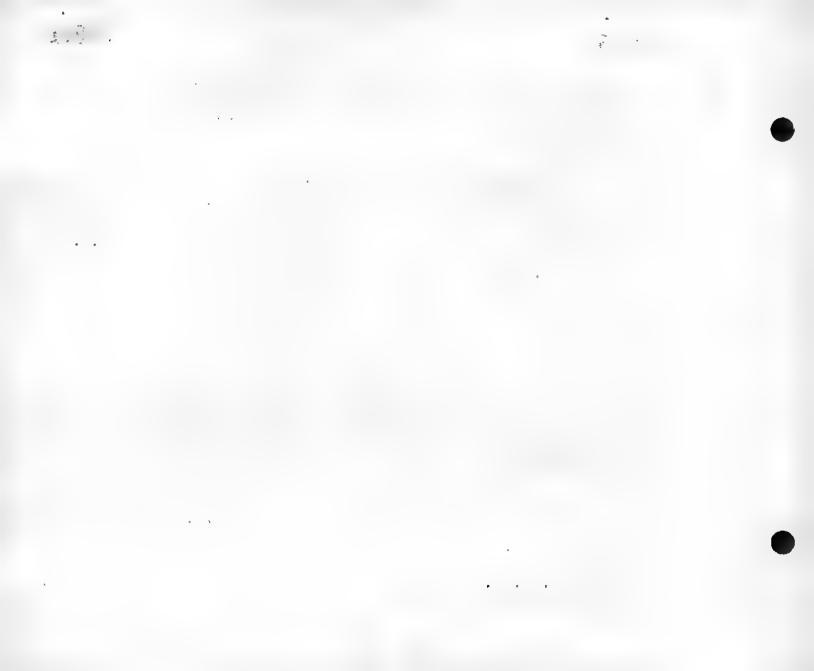


	-	Division of		MARYLAND STATE DE RCH AND RECORDS, 301		ALTH T, BALTIMORE, MARYLAN	ND 21201
. 6.4		09227		CERTIFICATE	OF DEATH		09219
haurs after death haurs after funeral res Pere 1, and 2 haurs after death		PLACE OF DEATH O. COUNTY ALLEGANY D. CITY OR TOWN (f outs de corp write RURAL and give nearest CUMBERLAN d. NAME OF HOSPITAL OR INSTITU	town)	MARYLAND c 1ENGTH OF STAY IN 1b 9 DAYS ave sfreet oddress)	o. STATE		GANY ond give nearest town)
	3	MEMORIAL NAME OF DECEASED	First	Midd e	LOGSDON	4. DATE Month OF 1111 V	Day Year
e executed withing and campletely f			TE WIDOWED	NEVER MARRIED 8	MARCH 6,18	9 AGE (In years in 82 rithday) N	FUNDER 1 YEAR FUNDER 24 HRS. Tanths Days Hours Min.
rtificate be ex physican and plagace rem avail and mon) [Da USUA. OCCLPATION (Give kind of uring mast at working the even if ret etired imployee 3. FATHER'S NAME	work done 10b Killington Name 1 Name	vD OF BUSINESS OR DUSTRY Lroad	WEST VIR 14 MOTHER'S MAIDEN NA	GINIA	12. CITIZEN OF WHAT COUNTRY?
ie death certifi attending phy: permit. Then f ian, ar remava	, -		LOGS DON	OCIAL SECURITY NO 17. I	MARGARE T	Address	
law requires that the nding physician. been signed by the street of the burial-transit iar to burial, cremating the street of the burial, cremating the burial, cremating the street of		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUST IMMEDICATED IN MACE) Canditians, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	nly ane cause per line for ED BY: IATE CAUSE (a) DUE TO (b) DUE TO (c)	(a) (b) and (c)) Direction	MEMORIAL H detes co	Deconfran	INTERVAL BETWEEN ONSET AND DEATH 3 yrx
IAN: tal or ficate far us	A CENTIFICATION	20° ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH AINER)	O DEATH BUT NOT RELATED TO T	Enter nature of injury in Po	ort or Part af item 18.}	19. WAS ALTOPSY PERFORMED? YES NO
IDING PH' I by the h After this I be detac	1	Hour a.m. p.m. 21. I certify that (I) saw the deceased all 22a. SIGNATURE	19 While at work (this haspital) attendive an	Not While at work led the deceased from	death accurred at a	66 to July 171	(County) (State)
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	8	3d. BURIA., CREMATION, 231 REMOVA. (Specify)	HARD J. W. b. DATE THEREOF July 20, 1966		CREMATORY	23d LOCATION (City or Town)	Allegany Md.
VR A15 (4) 20 M 1/66	Ø	24 FUNERAL DIRECTOR H. Lee Siled	x 404 Deca	ADDRESS tur Street	DATE JU	PY REGISTRAR 1966 REGIS	TRARS SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0922069228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE Poge MARYLAND Hary Land Allegany
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (It outside corografe limits. offer deol c LENGTH OF STAY IN 1b. puo write RURAL and give nearest town) d. STREET ADDRESS
d. STREET ADDRESS Cumberland Haryland 25 hou d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 25 hours e IS RES DENCI Der hours ON A FARM? in Item 18. Give Pages 's Office along with far YE5 NO [455 Bowling Ave. Memorial Hospital hours ofter death 3. NAME OF with the Sto within 72 h 4 DATE First Dov Year DECEASED 66 15 Type or print) DEATH Manuel Marv AGE (In years FUNDER I YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH NEVER MARRIED ost birthdoy) Months Dovs Hours WIDOWED DIVORCED 7-12-1903 White Female IDo USUA, OCCUPAT ON (Give kind of work done during most of working life, even if retired) 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY AUO West Virginia HWFZE within pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Stafford Ernest T. Stolle Bessie .⊑ 16 SOCIAL SECURITY NO. 17. INFORMANT IS WAS DECEASED EVER IN U.S ARMED FORCES? Address be executed rd "pending" i Chief Medica<u>l.</u> (Yes, na, or unknown) (If yes give war or dates af service) removal Memorial Hospital Cumberland, Md. per B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN Coronary Occlusion 6 IMMEDIATE CAUSE (o) word s a buriol-tro cremation, This certificate should 1201 DUE TO Coronary Sclerosis Conditions, if ony, which gove rise to immediate cause (a), DHE TO stating the underlying couse used os buriol, c lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? the certificate, YES NO Z 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of mury in Port 1 or Port 1 of term 1B.) PRIMARY I or CONTRIBUTING I CALISE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 2Dd. IN.JRY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df (City or town) (County) (Stote) may be retoined for your f FUNERAL DIRECTOR: Page 3 lealth or its designated agen foctory, street, office bldg., etc.) Not While ntwork at work 2). I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinion death resulted fram Natural causes X Accident Suicide . Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY July 15, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** SKITARELIC. M.D. BENEDICT 5 may 10 FUNE Health Address (Street, city, town, or countfumberland. Md. NAME (Type) 23d LOCATION (City or Town) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. (Stote) 7-18-66 Edge Hill Cemetery Charles Town, Jeff. W. Va. 25b REGISTRAR S SIGNATURE Va . 250, REC'P, BY REGISTRAR ADDRESS Strider Co. Inc. Charles Town VR A15ME (5) 1966 DATE 6M 1/66

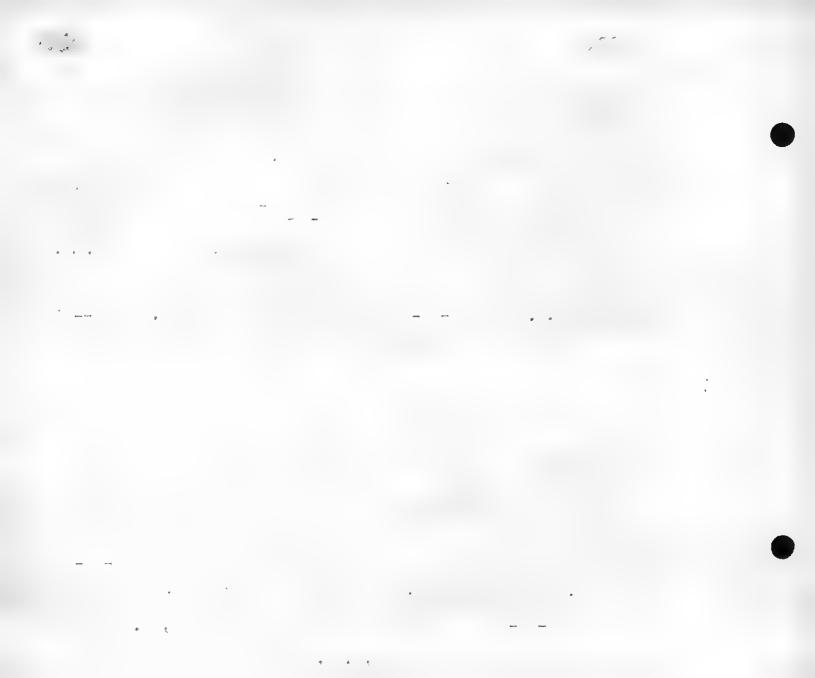




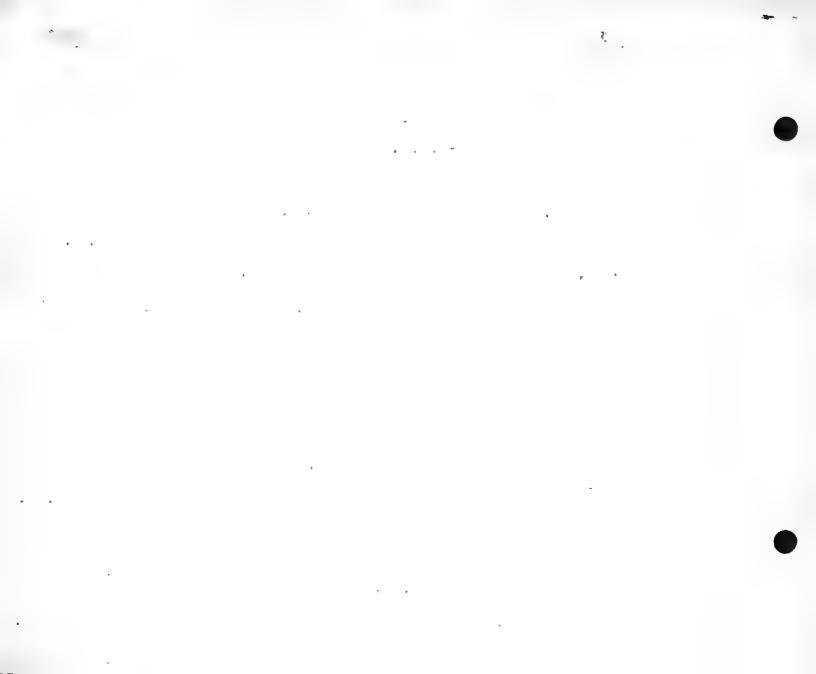
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09222 09230 CERTIFICATE OF DEATH remave carban papers. Pages 1 and 3 n any event, within 72 haurs after death the funeral 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission PLACE OF DEATH law requires that th≡ death certificate be executed within 24 haurs after deat ALLEGANY · ALLEGANY MARYI AND c CITY OR TOWN (If autside carparate limits, write RJRAL and give nearest tawn) and completely filled in by the freemave carbon papers. Pages c LENGTH OF STAY IN 16 b C.TY OR TOWN (If autside carporate limits, DAYS LONACONING. MD. e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 19 ROCKVILLE ST. NO F YES MEMORIAL HOSPITAL Year 3. NAME OF 4 DATE Manth Dov DECEASED JOHN MARSHALL JUL Y 19 66 (Type or pnnt) DEATH AGE (In years IF JNDER I YEAR DATE OF BIRTH 6. COLOR OR RACE S. SEX 7 MARRIED NEVER MARRIED Rest 8 birthday) Haurs 4, 1908 MAI F WHITE WIDOWED DIVORCED 13. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUA, OCC. PATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working the even if retired)
Allegany County
13. FATHER'S NAME INDUSTRY LONACONING. MD. Worker 14. MOTHER'S MAIDEN NAME crematian, ar remaya WILLIAM MARSHALL RACHAEL RMITH 17 INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates at service) MEMORIAL HOSPITAL INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending detached far use as the te Dept, af Health priar ta this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) filed with the State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Haur o.m. 20d INJURY OCCURRED factory, street, office bldg., etc.) Not While While at wark FILL FUNITAL DIRECTOR: After 19 that (1) twee last 2). I certify that (I) (this hospital) attended the deceased from... 1966, and that death occurred of M, from couses and on the date stated above. saw the deceased plive on Leele 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. M.D. director, page should be filed 22d. ADDRESS DR. OVERTON HIMMELWRIGH 133 VIRGINIA AVE CUMB. MD. NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) -23b DATE THEREOF (Stote) Park Frostburg A Memorial ADDRESS 7/8/66 Md 2Sg. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley Judge George Eichhorn Lonaconing, Md. 1966 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09223 09231 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death puo cian ond completely filled in by the funeral base remove carbon popers. Pages I ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE b. COUNTY ve carbon popers. Pages I event, within 72 hours after MARYLAND Mineral CITY OR TOWN (If outside corporate finits THE LUWN IN outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest town) CUMBERLAND KRYSER d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO 1 SACRED HEART HOSPITAT NAME OF First 4 DATE Last Year DECEASED OF DEATH (Type or print) Arlington ? MARTIN IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthday) Months Hours Dovs DIVORCED MAT.F 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? duma response of working life, even fret red)
Salesman INDUSTRY Antioch W.Va. Garage 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SUSAN (PARRILL) THOMAS(D) 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Yes PT'S CHART& Pearl S.Martin -- Wife crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying cause the has been dost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use Health NO O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital ar 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at work at work . 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 19<u>66</u>, ta plnous 1966, and that death accurred at 120 M, fram causes and on the date stoted abave. saw the deceased alive on. クーユど 22n, SIGNATUR 22b. DATE SIGNED director, poge 3 should be filed v 7-29-66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN NAME (Type) &SPIGGLE. N. SNALLWOOD ST. CUMBERLAND, MARYLIND 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City of Town) 23a. BURIAL CREMATION (County) (State) 7--31--66 Laurel Hill Cometery Allegany Moscow.Md. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) Keyser W.Va.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 09224 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased [ved if institution Residence before admission] h COUNTY Hampshire o STATE West Virginia o COUNTY Page 45 death. Allegany and 3 b (ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate I m ts. write RURA), and give nearest town) c . ENGTH OF STAY N 1b Levels Cumberland e IS RESIDENCE ON A FARM? YES NO d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) in Item 18. Give Pages 1, r's Office along with farm Rural Memorial Hospital -- D.O.A. e State | 72 hour NAME OF 4 DATE DECEASED Martin July 19 66 Harvey Earl (Type or print) DEATH AGE (In years SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED 19 rthdoy) Months Dovs Haurs Sept. 3, 1946 White WIDOWED DIVORCED Male 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Cabinet Maker West Virginia any pages In any Carpenter 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME John T. Martin Twila S. Saville 040 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) remayal, Levels, West Virginia John T. Martin. No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 90 MET THE PART I. DEATH WAS CAUSED BY Intracranial Hemorrhage, Massive Б MMFD ATE CAUSE 101 _ This certificate shauld crematian, DUE TO 12 Conditions, if ony, which gove Skull Fracture rise to immediate couse (a), DUE TO stating the underlying couse Ħ (Motorcycle Accident) bur al, 9 WAS AUTOPSY PERFORMED? YES XX NO PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) PRIMARY or CONTRIBUTING shauld d CAUSE OF DEATH Overturned on own cycle 20e PLACE OF INJURY (Home, form 20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED (Crty or town) (County) While of work I Hgwy near Points. 5 may be retained for your 0 FUNERAL DIRECTOR: Page pm July 231966 Points. Hamp. W. Va. 2) I certify that I took charge of the remains described above, he'd an Autopsy 174. Inspection X. Inquiry X and in my apinian Accident K Spicide | death resulted from Natural causes. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER & July 23. 1966 SKITARELIC. M.D. Address (Street, city, town, or coun umberland. Md. Health 4 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23b DATE THEREOF 23d LOCAT ON (City or Town) (Stote) 0 REMOVAL (Specify)
Burial July 26,1966 Wesley Chaple Points Hampshire W. Va. 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Miarley DATEJUL 26 1966 VR A15ME (5) 6M T/66





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09234 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral bunal-transit permit. Then please somave carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) 3 DAYS LITTLE ORLEANS CHMBERLAND e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSPITAL YES NO THE namaye carban p 3 NAME OF Middle Lost 4 DATE Month Doy Year First DECEASED 19 66 MARTIN 22 JULY RAYMOND EDWARD DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED st birthdoy) Hours 11-20-07 WHITE MALE WIDOWED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even directed)
Machinist Helper USA COUNTRY? INDUSTRY MARYLAND LITTLE and R_ilroad 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME AND SHARO XIVER DETERM CHRICTINA SMITH EDWARD 16 SOCIAL SECURITY NO 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no erunknown) ((If yes give wor or dotes of service) PATIENT'S CHARI 18 CAUSE OF DEATH (Enter on y one couse per fine for (o), (b) and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the priartal this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Heronlerozes of 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20x. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg , etc.) Hour om. Not While O FINERAL DIRECTOR: After 21 I certify that (I) (this haspital) attended the deceased fram... 1966, and that death accurred at 650 _M, fram cayses and on the date stated above. saw the decased alive an 22b DATE/SIGNED ATTENDING DIRECTOR 22d. ADDRES DR. S. G. WEISMAN NAME Type 59 GREENE ST. CUMBERLAND, MD. directar, shauld b BUR AL, CREMATION 235 DATE THEREOF 23: NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25,1966 Martin Cemetery Little Unleans, Md. Scarnelli, Cumherland, Md. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09235 death. The law requires that the death certificate be executed within 24 haurs after death pup ing physician and campletely filled in by the funeral their please remove carban papers Pages I and remove, and in any event within 79 hours after death. 2 USUAL RESIDENCE (Where deceased aved, if institution: Residence before admission) PLACE OF DEATH a. STATE b. COUNTY a. COUNTY b CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) MARYLAND Maryland Allegany CLENGTH DE STAY IN 16 c. CITY DR TOWN (If autside corparate limits, write RJRAL and give nearest tawn) 3 days Cumberland Frostburg d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) Rt #1 Box 497 YES NO [Sacred Heart Hospital 3. NAME OF Middle 4 DATE €Q\$f Manth Doy Year DECEASED (Type or print) 2L1 IF UNDER 1 YEAR 1966 DEATH July Thomas Martin I IF UNDER 24 HRS. 5 SEX 6 CO.DR DR RACE 8. DATE OF BIRTH AGE (n years 7. MARRIED NEVER MARRIED birthday) 1-15-34 Months Dovs Hours white male WIDOWED DIVORCED 10a JSUAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY?U.S. during mast of working life, even if retired) INDUSTRY ABL Allegany. Maryland Powder man

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hilda Delany Bernard Martin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 220–32–4887 permit Mrs. Thos. Martin, Frostburg, Md. Rt. 1 crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Myocardial infarction, massive signed by 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires may Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar to WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) use Health 1 NO ģ 20g ACC DENT WAS UNDERLYING □ 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or fown) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Store) 20c TIME OF INSURY Month, Doy, Year Haur o.m. factory, street, office bldg., etc.) Not While of wark at work 21. I certify that (I) (this haspital) attended the deceased fram 7000, 1966, to 7000, to 7000, that (I) (we) last saw the deceased alive an 7000, and that death accurred at 1000, fram causes and an the date stated above. 166_, that (I) (we) last 22b DATE SIGNED 22g SIGNATURE ATTENDING PHYS. STAFF PHYS. 7-25-66 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 62 Greene S . Cumberland, Md. 21502 Ralph W. Ballin, M.D. NAME (Type) directar, shauld by 23g BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) ST. MICHAELS CEMETERY FROSTBURG. MD. 1966 Kegistrar's signature 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) JOSEPH R.DURST, SR., FROSTBURG, MD. 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MAR 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TO c. LENGTH OF STAY IN 16 . IS RESIDENCE YES T 3 NAME OF DECEASED (Type or print) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS Months Deys 12. CITIZEN OF WHAT COUNTRY? SECURITY NO. unkown) | (Ifyes give war or detes of sarvice) 18. CAUSE OF DEATH [Enter on y one cause per one for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve tise to immediate ceusa DUE TO (a), stelling the underlying ceuse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8/1 19. WAS AUTOPSY PERFORMED? NO 20%, ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Pert | or Part || of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. at work et work p,m, 21. I certify that (I) (this hospital), attended the deceased from. saw the deceased alive on and that death occured at ... M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. PHYS. MD 22c. HIYSICIAN'S 224. NAME [Type] 23a, BURIAL, CREMATION, 23b. DATE THEREO 23d. LOCATION (City, lown or county Ö VR A15 (4) 15M 9/60

OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a STATE **b.** COUNTY Allegany Allegany with the State Department of within 72 hours ofter death MARYLAND Marvland b CITY OR TOWN (If outs de corporate limits, write RURAL ond give nearest town) Cumberland c CTY OR TOWN (If outside corporate imits write RURAL and give necrest town) CLENGTH OF STAY IN 16 2, and PM3. F 40 years Cumberland d NAME OF HOSPITAL OR INSTITUTION (I nat in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with farm 62 Maple St. 62 Maple St YES 🗍 NO . 3 NAME OF DECEASED Elsie A . (Type or print) Mencer DEATH July 10 9 AGE (In years FUNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 74 birthdoy) Months July 2, 1892 White WIDOWED DIVORCED Female This certificate should be executed within 24 hours 10a USUA, OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT JOB KIND OF BUSINESS OR Cwn Home COUNTRY? during most of working life, even if retired) Picardy, Maryland USA poges In ony 14. MOTHER'S MAIDEN NAME 13 FATHER S NAMI John Miller Anna 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates at service) 16 SOCIAL SECURITY NO 17. INFORMANT Address ar remayal. Mrs. Kenneth Perry, Cumberland, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enfer only one cause per tine for (a), (b), and (c)) PART I DEATH WAS CAUSED BY **ASPHYXIATION** INTEL VANDED BITE buriol-trans MMEDIATE (AUSE (a) e, writing the word forwarded to the Cl bur'al, cremotion, DUE TO MINUTES Conditions, if any, which gove STRANGULATION rise to immediate cause (a), DUE TO stating the underlying couse (HANGING) 19 WAS AUTOPSY PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) age 3 should be u NO DO 20o. EXTERNAL CAUSE WAS 206 DESCRIBE HOW PAURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d MULRY OCCURRED 20e PLACE OF INJURY (Hame, form ((aunty) (State) factory, street, office bldg, etc.) Nat While 5 may be retained for your O FUNERAL DIRECTOR: Page at wark at wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy I inspection XI. Inquiry X and in my apinian Natural causes Accident . Suicide X. Hamic de . death resulted fram. Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [] July 10, 1966 ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY DEPLTY MEDICAL EXAMINER **EXAMINER'S** Skitarelic, M.D. Benedict Cumberland, Md. Health (Address (Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) July 13,1966 Picardy Cenetery Picardy, Maryland 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 25a RECD BY REGISTRAR James F. Scarpelli, Cumberland, Mid. JUL 18 Charles Judg VR A15ME (5) 1966



~	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	200 - 1		CO233 CERTIFICATE OF DEATH 09230
hours after death	by the funeral ages land after death	1.	PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Allegany
ours aft	in by the s. Pages hours aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and two nearest town) Cumberly Md C. LENGTH OF STAY IN 1b Cumberly Cumberly Md Md Cumberly Md Md Md Md Md Md Md Md Md M
No.	r fifled papers hin 72		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 118 N. Smallwood St. e. IS RESIDENCE ON A FARM? YES NO
d withi	completely ve carbon event, with		NAME OF DECEASED (1996 or print) SEX 16. COLOR OR RACE 17. MARRIED 17. NEVER MARRIED 17. 18. DATE OF BIRTH 19. ARE (In yours 11 FUNDER 14 EAR) IF UNDER 15 EAR) IF UNDER 15 EAR) IF UNDER 15 EAR) IF UNDER 16 EAR) IF UNDER 17 EAR) IF UNDER 18 EA
execute	and con remove 1 any eve	7	nole White WIDOWED DIVORCED 12/3/02 (3 yrs. Months Days Hours Min.
ate be	physician n please r val, and in	đưr 13.	USUAL OCCUPATION (Give kind of work done no lob. KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT COUNTRY? WAS A MOTHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica	ending ph		Martin Murphy Mary Greene WAS DECEASED EVER IN U.S. ARMED FORCES? 16, OCIAL SECURITY NO. 17, INFORMANT Address
death	o e at	(Ye	(, no, or unkown) (If yes alve war or dates of Greice) - Mr. Thomas A. Mullanay, Cumb-Ms.
law requires that the death certificate be executed within	ding pnysician. been signed by the burial-transi or to burial, crem		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) (d) (e) INTERVAL BETWEEN ONSET AND DEATH ONSET AN
IN: The law	ospilal of alteri certificate has hed for use as t. of Health pric	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 1.20b. DESCRIBE HOW INJURY OCCURRED. (Fotor nature of Injury in Part I or Part II of Item 18.)
		MFOICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED FOR PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m. While At work at wor
	ay be retaine L DIRECTOR: page 3 should filed with the		21. I certify that (I) (this hospital) attended the deceased from 9-39, 1965, to 7-27, 1969 that (I) (we) last saw the deceased alive on 7-21 1966, and that death occurred at 4 M, from the causes and on the date stated above 22a. SIGNATURE M.D. PHYS. DIRECTOR STAFF 7-28-66 22c. PHYSICIAN'S
TO HOSPITAL	Page 4 may TO FUNERAL I director, pag should be file	238	NAME (Type)
	R A15 (4)	24	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS DATE AUG 2 1986



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEAITH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Allegany Maryland Allegany ō after death. MARYLAND b CITY OR TOWN (f outside corporate limits c JENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) wr te RURAL and give negrest town and Cumberland 30 years d NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street address) d SIRFEL ADDRESS e IS RESIDENCE ON A FARM? ate Del hours Memorial dospital 433 Seymour Street YES NO EX em 18. Give Poges 3 NAME OF First M-ad e Lost 4. DATE Year DECEASED Annan G. Myers July 19 66 The n (Type or print) DEATH with t S SEXMALE B DATE OF BRIM IF UNDER 1 YEAR | LIF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 9 AGE (In years NEVER MARR ED Gast birthdoy) Months The state of Nov. 25. 1904 White WIDOWED DIVORCED and 2 event 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) Do USUAL OCCUPATION (Give kind of work done 2 CIT ZEN OF WHAT during most of working life even if retired)
Chief Engineer City Products Cp. USA TRY? Eckhart, Md. Ony pages in ony 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate should be executed within Frank Myers Annie Griffith e, writing the word "pending" in pert forwarded to the Chief Medical Exomi File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT or removol, (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Dorotha Myers, Cumberland, Md. -Wife 214-05-5108 no 18. CAUSE OF DEATH (Enter only one couse per me for (o), (b) and (c).)

PART I DEATH WAS CAUSED BY Gastric Hemorrhame, Massive INTERVAL BETWEEN MANSET AND DEATH IMMEDIATE CAUSE (o). please execute the certificate, writing the word burial, cremation, DUE TO Runtured Espphageal Varices Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Portal Cirrhasis 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX YES prior to 2Do. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port 1 of Item 18.) PRIMARY I or CONTRIBUTING I Page 4 should OTAL EXAMINER: CAUSE OF DEATH. 2Dc TIME OF INJURY Month, Doy Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (State) (County) Hour o.m. While foctory, street, office bldg , etc) Not Whife may be retoined for your FUNERAL DIRECTOR: Page of work at work 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my opin on Natural causes X. Acc dent . Suicide , death resulted from Hamicide 📗 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. O DEPUTY DEPLTY MEDICAL EXAMINER X July 14, 1966 Ь **EXAMINER'S** Address (Street, city, town, or county Cumberland, Md. SKIMARDLIC, M.D. Heolth NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) 0 PEMOVA (Spec fy) Burial Cumberland, Md. Allegany July 16,1966 Restlawn Memorial Park 25b. REGISTRAR'S SIGNATUR REC'D, BY REG STRAR 24 _FUNERAL DIRECTOR Scarnelli, Cumberland, Md. warley VR A15ME (5)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY 見見 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM T. TNDEN STREET YES NO 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH 1966 CORA E. MYERS 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | last birthday) FEMALE WIDOWED IX DIVORCED | physician 10a. USUAL OCCUPATION (Give hind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. SEAMSTRESS MINES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE BRODE J. JOHNS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address FROST 741 MRS. CATHERINE SKIDMORE.118 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediate cause **DUE TO** (a), steting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIO PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Part II of Item 18.) CERTIFI 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Homa, farm,] 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) White Not While Hour a.m. el work at work 21. 1 certify that (I) (this hospital) attended the deceased from 10 -4 1956 to 7-25 1969 that (1) (we) last 2.5 19.6.6, and that death occurred at \$7.4 M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S ADDRESS 22d NAME (Type) DIEHL. MAIN 23a, BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 0 FROSTBURG MEM. PARK FROSTBURG. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 [4] DATE AUG 1966 SOWERS 60 W. MAIN ST. FROSTBURG

DVI AND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09241 09233MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Allegany delay is and 3 to M3 Page Maryland Allegany MARYLAND b CITY OR TOWN (I putside corporate limits c . ENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) Route #3 Cumberland 22 Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? haurs Office alang with farm in Item 18 Give Pages ate YES NO Se haurs after death NAME OF Middie First Lost 4 DATE Month Dov Уедг DECEASED 21 Norris July Allen 19 66 Richard with the (Type or print) DEATH 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED X B. DATE OF B RTH IF JNDER I YEAR IF UNDER 24 HRS NEVER MARR ED lost of rthdoy) Months Sept 17, 1881 White WIDOWED DIVORCED Male event 10o USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? pages I in any Maryland icate, writing the word 'pending' in pencil in be forwarded to the Chief Medical Examiner's Retired Merchant pencil 4 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within and Andrew J. Norris Mary F. Stottlemyer WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Rt #3- Box 216 remayal, (Yes, no, or unknown) (If yes give wor or dates of service) 216-38-2012 Cumberland, Md Mrs. Mary Norris 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY Occlusion i Coronary IMMEDIATE CAUSE (6) This certificate should crematian, DUE TO Conditions, if any, which gove Coronary Sclerosis rise to immédiate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 NO A 5 may be retained for your files.

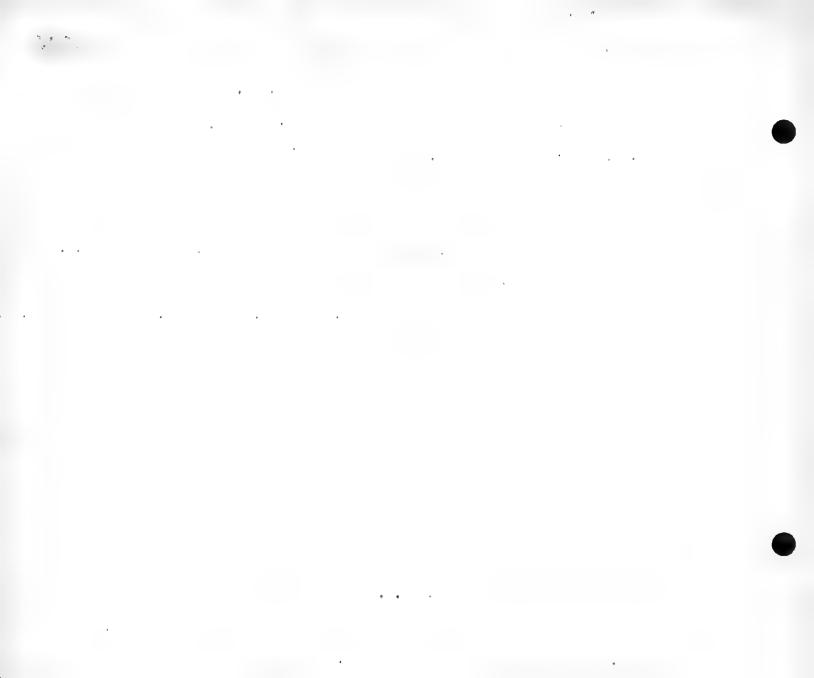
O FUNERAL DIRECTOR: Page 3 should be the Hearth or its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN. JRY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State) Not While factory, street, office bldg., etc.) ot work 21. I certify that I took charge af the remains described above, held an Autopsy [], Inspection [X], Inquiry | and in my opinian the funeral director deoth resulted from. Natural causes X ... Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE __ TO DEPUTY DEPUTY MEDICAL EXAMINER X July 21, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Spacify) 7/23/66 Piney Grove Cemetery Piney Grove Wash Co Maryland 250 RELD BY REGISTRAR DATE JUL 25 24 FUNERAL DIRECTOR 2Sb REGISTRAR S SIGNATURE Milarles Judge VR A15ME (5) 1966 H. Lee Silcox Cumberland Maryland 21502

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY 2, and 3 ta PM3 Page o STATE b COUNTY Allegany Mineral MARYLAND b CITY OR TOWN (! outside corporate imits write RURAL and give nearest town) Departmeny CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Rt. # 1 Ridgeley. Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS form hours Item 18 Give Poges 1, ON A FARM? Old Furnace Rd. o te YES NO X A. Sacred Heart Hosp. 3 NAME OF 4 DATE Midd e Last Manth Day DECEASED Julu 1966 Michael. O' Brien Edwand Type ar print DEATH S SEX 6 COLOR OR RACE 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS 8 DATE OF BIRTH 7. MARR.ED NEVER MARRIED last birthday) Months White Malo WIDOWED DIVORCED 24 hours 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Deer Park. Md. _= d 'pending' in pencil in Chief Medical Examiner's Carpenter

13. FATHER'S NAME Construction 14 MOTHER'S MAIDEN NAME This certificate should be executed within Ella May Valentine Robert E. O'Brien 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT or remayol, (Yes, no, ar unknown) (If yes give war ar dates of service) 236-50-0578 Mr. Robert E. O'Brien Rt. # 1 Ridgeley. W. Va INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY MEDIASTINAL HEMORRHAGE, HEMOTHORAX, LEFT HMMED ATE CAUSE (a) _ writing the word burial, cremation, DUE TO RUPTURE OF DISSECTING ANEURYSM OF AORTA Conditions, if any, which gove nse ta immediate cause (a). DHE TO stating the underlying cause SD PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? the certificate. YES T NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of item 18.) PRIMARY OF CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City ar fawn) (County) (State) 5 may be retained tor your in TO FUNERAL DIRECTOR: Page 3 Health at its designoted agen Not While factory, street, affice bldg, etc] of work 21. I certify that I took charge of the remains described above, held on Autopsy 📆, Inspect on T, Inquiry X. and in my opinion deoth resulted from: Notural couses T. Accident ... Suicide . Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE . the funeral O DEPUTY DEPUTY MEDICAL EXAMINER July 5, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or countymberland, Maryland NAME (Type) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ashby W. Va. 7/8/66 Ashbu Cemetery Buttial 24 FUNERAL DIRECTOR udar VR A15ME (5) haven 6M 1766 H. Wayne George Cumberland, Id.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH 09243 CERTIFICATE OF DEATH rentificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH physician and completely filled in by the funeral en please remove carban papers. Pages 1 and a. COUNTY b. COUNTY MARYLAND ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CIMBERLAND TITE d. STREET ADDRESS B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSPITAL 232 GLENN ST YES NO NAME OF First Middle Last 4. DATE Manth Day Year DECEASED PAUL R. PORT DEATH July 25 19 66 (Type or print) 5 SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Hours Days Male WH TT F WIDOWED DIVORCED July 1. 1904 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? Pennsylvania School 13 FATHER'S NAM John M. Perdew Nellie (Cessna) Perdew offending 15 WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT ORMANI Elma C. Perdew. 232 Glenn St., Cumberlad No 220-16-6/29 requires that the INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a) the signed by the burrol-tronsit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause the hos been Heolth prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES T NO O FUNERAL DIRECTOR: After this certificate و 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING [detoched for the performant of the formal of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) W 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice bldg, etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from Think. 5 2-179 6 (that (1) (we) last be retained should 24/19 06 and that death accurred at 145 14 saw the deceased alive on from causes and on the date stated above 22o. SIGNATURI 22b DATE SIGNED DIRECTOR PHYS. poge 3 e filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Va. Ave. Cumberland director, should b 23b DATE THEREOI 23c. NAME OF CEMETERY_OR CREMATORY 23g. BJRIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial Sunset Memorial Park Near Cumberland, Maryland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1966 VR A15 (4) MODATEJU 20 M 1/66 230 Balto Ave., Cumberland,



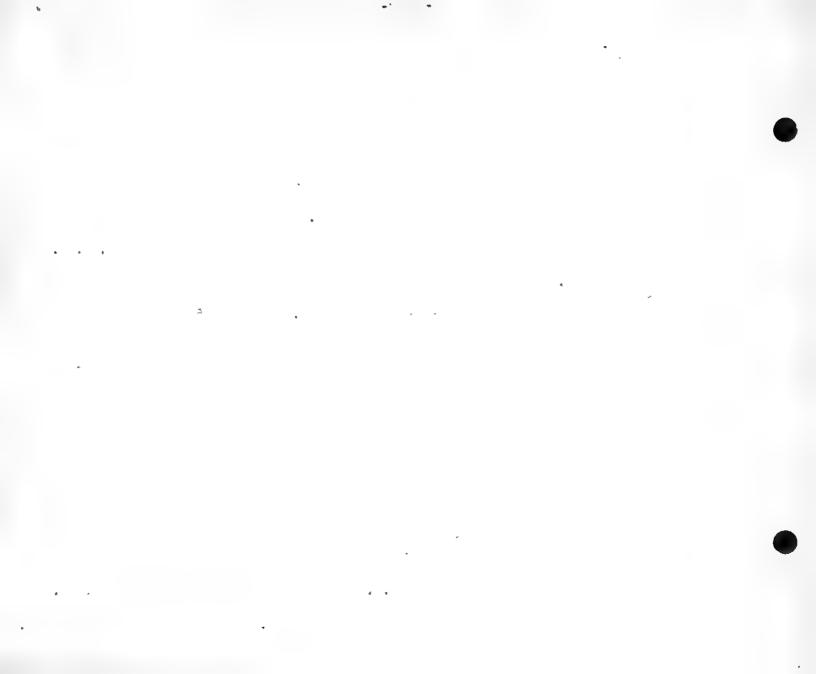
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09244 FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution, Residence before admission) a COUNTY o STATE 6 COUNTY ay is 3 to Page ₽ death Allegany Allegany Maryland MARYLAND b CiTY OR TOWN (if gutside carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (f outside corparate limits, write RURAL and give nearest tawn) pup p.M3 write RURAL and give nearest town) Cumberland Route 10 Years Cumberland Route #2 d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE pencil in Item 18. Give Pages 1, kaminer's Office olong with form hours ON A FARM? YES IN NO ate This certificate should be executed within 24 hours ofter death 3 NAME OF First Middle Last 4 DATE Manth Dov DECEASED OF Elizabeth .with)the within Carrie Raines July (Type or grint) DEATH 5 SEX 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED IF UNDER IF UNDER last birthday) Months Davs Haurs eyent \ White WIDOWED DIVORCED Female October 8,1883 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT dur na mast af wark na life, even if ret red) COUNTRY? INDUSTRY Housekeeper any At Home Flintstone. Maryland U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John H. Smith gud Florence DeHaven IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT Route #2 (Yes and or unknown) (If yes give war at dates at service or removal, "gnibned" Mrs. Vanna Wilson Cumberland, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebral Hemorrhage IMMEDIATE CAUSE (a) ___ s o buriol-tra cremation, c DHE TO Conditions, if any, which gave Hypertensive Cardiovascular disease rise ta immediate cause (a). DUE TO stoting the underlying cause PART II OTHER SIGNIFICANT COND THONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY MEDICAL CERTIFICATION PERFORMED? NO A please execute the certificate, 20a EXTERNAL CAUSE WAS designated agent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of dem 18). PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TiME OF NJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) factory, street, affice bldg, etc.) may be refained for your FUNERAL DIRECTOR: Page While Not While at work at wark 21 | certify that I taak charge of the remains described above, he d an Autopsy |] Inspection X, Inquiry X 1, and in my opinion death resulted from Natural causes X. Accident Suicide . Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER **IICTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE July 19, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland. Md. 5 may 10 FUNE Health NAME (Type) 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 7/22/66 Pleasant Grove Cemetery Cumberland Allegany Maryland 24 FUNERAL DIRECTOR 25a RECD BY REGISTRAR 256 REG STRARS SIGNATURE Marley Judge 1966 VR A15ME (9) H. Lee Silcox Cumberland, Maryland 21502 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09245 FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COHNTY n STATE **b.** COUNTY 3 to d, death Allegany MARYLAND Maryland Allegany h CITY OR TOWN (If outside corporate mits c CTY OR TOWN (If outside corparate limits, write RURAL and alve nearest town) CLENGTH OF STAY N 1h write RURAL and give nearest town) Cumberland 20 Years Cumberland & NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE haurs (in Item 18. Give Pages 1, r's Office alang with form NO V YES [516 Hillton Drive 516 Hillton Drive after death 4 DATE 3. NAME OF First Last Day Year DECEASED with the within 7 19 (Type or print) DEATH Florence Ravbould Agnes IE .. NDER 24 HRS S SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARR ED NEVER MARRIED Y birthdoy) Months | Dovs Hours W DOWED DIVORCED eb. 15 1899 67 II BIRTHPLACE (State or foreign country) emale White YIS 100~ SUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? pending" in pencil in ef Medical Examiner's Maintenance High School England

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within _= pup Charles A. Raybould annie Revbould 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes The grunknown) (If yes give wor or dotes of service) remayal, 2I3-I2-9722 \$16 Hillton Drive Elze R. Hare NTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY OCCLUSION CORONARY 10 IMMEDIATE CAUSE (o) ward s a burial-tra crematian, o This certificate should 4-601 DUE TO farwarded ta the CORONARY SCLEROSIS (and t ons, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse last burial, a 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) PERFORMED? MEDICAL CERTIFICATION NO T please execute the certificate, þe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18) agent, priar PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour om foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page of work of work designated Inspect on X 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry 📆 ond in my opin on the funeral directar. deoth resulted from Natural causes . Accident Spicide [Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY July 6, 1966 DEPUTY MEDICAL EXAM NER **EXAMINER'S** TO FUNES Health BENEDICT SKITARELIC. M.D. Address (Street, cty, town, or county Cumberland . Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE THEREOF 23d LGCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7/9/66 Burial Zion Memorial Park Inc Allegany 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Milarley 1966 VR A15ME (5) 6M 1/66

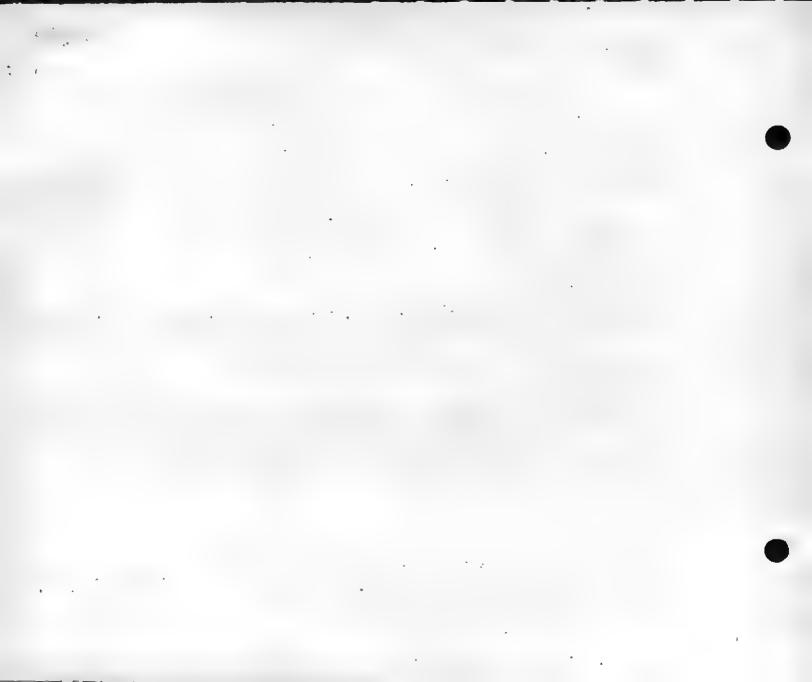


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09238FOR STATE ALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY n STATE **b** COUNTY Page Allerany d. MARY, AND after death Maryland Allegany 543 Department b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
Cumberland C . FAGTH OF STAY N In c CITY OR TOWN (If autside carparate limits, write RuRAL and give nearest tawn) Cumberland Vears d. NAME OF MOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e .S RESIDENCE hours 1 ON A FARM? 714 Glenmore D.O.A. Memorial Hospital NO X NAME OF M ddle 4 DATE Year within 72 DECEASED July Charles F. Rice 66 (Type or print) DEATH S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED XX NEVER MARRIED Hest birthday) 2 Manths Days March 15,1895 White Male WIDOWED DIVORCED Item 18 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 12 C TIZEN OF WHAT during most of working to even if retired) Ra Wausing ad Curberland, Md. pages in any 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME Taura E. Smeltzer Thomas H. Rice gud 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn). (If yes give war ar dates af service 17 INFORMANT 16 SOCIAL SECURITY NO This certificate should be executed rd "pending" ir Chief Medical 1 permit. remayal. Mrs. Minnie Rice, Cumberland, Ma. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION ä IMMEDIATE (AUSE (a) used as a burial-tra burial, crematian, e, writing the ward farwarded to the Cl DUE TO Conditions, if any, which gove CORONARY SCLEROSIS rise to immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? the certificate. agent, priar ta YES NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part II of item 18) 3 should PRIMARY Or CONTRIBUTING STEAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year (County) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (State) Hour am factory, street, affice bldg . etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I tack charge of the remains described above held an Autopsy Inspection 34, Inquiry 🔯 , and in my opinion death resulted from. Natural causes 🕸 🖊 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY July 3, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 1 O FUNE Health BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland, Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d LOCATION (City or Town) (Caunty) REMOVAL (Spec fy) July 6,1966 Cumberland, Md. Allegany
GISTRAR | 256 REGISTRAR'S SIGNATURE Hillcrest Burial Park 24 FUNERAL DIRECTOR 25a RECD BY REGISTRAR VR A15ME (5 James F. Scarpelli, Cumberland, Md. Minneley Judg 1966

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) HEALTH DEPT. MACE OF TEATH b. COUNTY a. COUNTY a. STATE Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allegany MARYLAND Department after death. c. LENGTH OF STAY IN 10 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Oldtown Sudden Oldtown e. IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES X NO State Town Creek Road Summer Camp. Route DATE Month 4. Last 3. NAME OF First Middle DECEASED 19 66 DEATH Ritchie Jul.v (Type or print) Wilda Mildred AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. within 6. COLOR OR RACE 7. MARRIEDX X NEVER MARRIED EXAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with form DIVORCED May 31 1916 White WIDOWED Female 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. Kind Of BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? during most of working life, even if retired) II S A Marvland Housewife At Home MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma Moreland Lionel Address 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) permit. removal, 216-18-1433 Cumberland Mrs. Norman Campbell. 507 Beall St. No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OCCLUSION COROLARY burial-transit cremation, or IMMEDIATE CAUSE (0) , cremation, DUE TO SCLEROSIS CORONARY Conditions, If any, which **(b)** gave rise to immediate **DUE TO** cause (e), stating the underlying cause lest. used as to burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO TX YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 3 should be a agent, prior t 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (State) 20f. (City or town) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) MEDICAL 20c. TIME OF INJURY Month, Day, Year While Not While at work DIRECTOR: Page Inquiry X, and in my opinion Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Suicide Homicide Natural causes X. Accident death resulted from: CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 50 DEPUTY MEDICAL EXAMINER X July O FUNERAL I Address (Street, city, town, or county) Cumberland, Md. SKITARELIC. M.D. **EXAMINER'S** director. retained NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23ь. Lear Cumberland. wis Memorial Park Davis Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 24. FUNERAL DIRECTOR Balto Ave., Cumberland, DATE VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03240 09248 CERTIFICATE OF DEATH Funerol Fornd 2 er deoth. the law requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) · APUNTEGANY o. STATE COUNTY WEST VIRGINIA MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits. physican and completely filled in by the information papers. Pagen please remove carbon papers. RIDGELEY e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? SACRED HEART HOSPITAL 108 KNOBLEY ST. YES NO PA 3 NAME OF 4. DATE Middle Last Month DECEASED GERTIE) BALATT ROYCE JULY 22 1966 (Type or print) DEATH IF LNDER I YEAR IF UNDER 24 HRS. S SEX B DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Clust birthday) Days Ношть 11/21/02 FEMALE WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life even if refired) COUNTRY? INDUSTRY Shrine Gar Mt., W. Va Own Home USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anthony P. Pohrer Mary J. Chanholtz 17. INFORMANT 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes_go_or unknown) [(If yes give war or dates af service) 16 SOCIAL SECURITY NO Address pt8s. chart INTERVAL BETWEEN ONSET AND DEATH 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-trans# PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH SENTENCE TO THE LEMINAL DISEASE CONDITION GIVEN IN PART I(G) WAS AUTOPSY PERFORMED? NO ò 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg , etc) Not While of work at work 1966, that (1) (+re) last 21. I certify that (1) (this hospite) attempted the deceased from. saw the decegsed alive an 22196 & and that death accurred at 25 from couses and an the date stated above. 22g SIGNATURE STAFF ATTENDING M.D. PHYS director, page 3 should be filed PHYSICIAN/ dr. pagar 23a BURIAL CREMATION 23 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY CATION (City or Town) (County) (State) REMOVAL (Specify) July 25,1966 Abe Cemetery Ford, W. Va. 25b. REGISTRAR'S SIGNATURE Judge. VR A15 (4) James F. Scarnelli, Cumberland, Md. 20 M 1/66

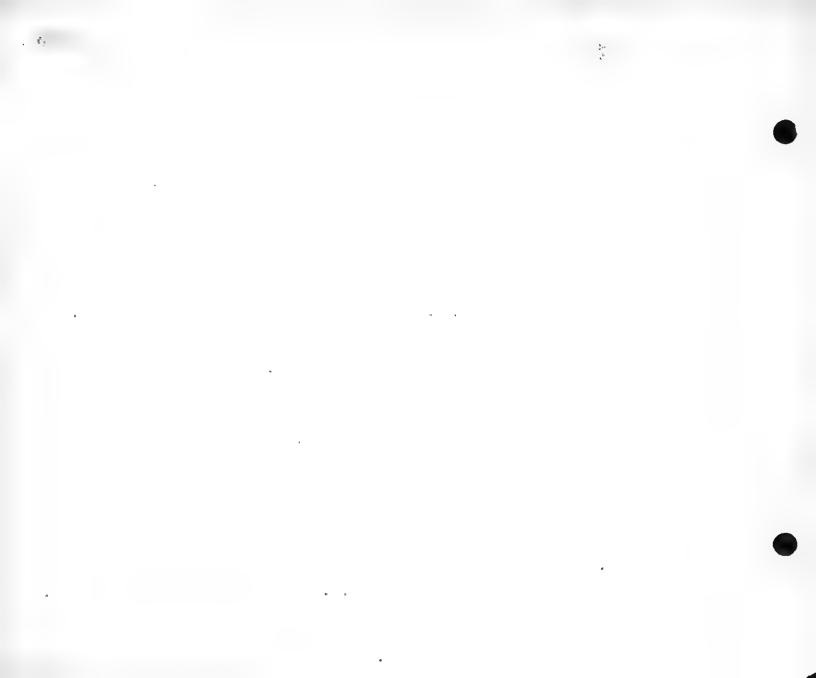


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 09243 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY o. STATE Md. b COUNTY ALLEGANY Allog. MARYLAND popers. Poges hin 72 hours alt b CITY OR TOWN (If outs de carporate limits, physician and completely filled in by the c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 89 MIN. Westernport d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS nd in any event, within 72 ON A FARM? MEMORIAL 203 Spruce St YES T No [Middle 4. DATE NAME OF First Last Day Year DECEASED 01 66 19 (Type or print) RARY GIRI DEATH DYAN IF LINDER 1 YEAR IF LINDER 24 HRS. S. SEX 9. AGE (In years 6 COLOR OR RAC 7. MARRIED NEVER MARRIED last birthday) Months Doys Haurs WHITE FEMALE DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ALLEGANY. MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MELVIN O'NEAL RYAN MARLENE ANNE MOOREHEAD 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO Address 5 CUMBERLAND, MD. MEMORIAL HOSPITAL. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: transit ONSET AND DEATH IMMEDIATE CAUSE (a) Š DUE TO burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse peen as the prior to b Page 4 may be retained by the hospital or attending lost. WAS AUTOPS' PERFORMED? TO FUNERAL DIRECTOR: After this certificate has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use director, page 3 should be detached for use should be filed with the State Dept. of Health YES 🔀 NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 19 at work at work 19____, that (I) (we) last 2]. I certify that (I) (this hospital) attended the deceased from 19 3 Oto A M , 19 , that (I) (we) last sow the deceased alive on. , and that death occurred of 22m-SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. La E M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) WHI TWORTH CUMBERLAND, MARYLAND 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREO! (County) (State) REMOVAL (Specify) 24 JUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 09250 CERTIFICATE OF DEATH in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY n. STATE **b.** COUNTY Allegany Maryland Alleganv MARYLAND requires that the death certificate be executed within 24 haurs after c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corparate I mits, CLENGTH OF STAY IN 16 wr te RJRAL and give negrest tawn) 1962 Cumberdand Cumberland d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE 811 Rooth Avenue Allegany County Infirmary YES -NO K 3 NAME OF Middle 4. DATE Lost Manth Dov Year DECEASED (Type or print) 19 66 July Rache 1 J. Silverman DEATH IF JNDER I YEAR IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED b rthdoy) Days Haurs 9/19/1875 Female White WIDOWED T DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working 1,te, even if retired) 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRYS Syracuse. New York Housewife Own Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abram Jacobs Rachel Schwartzman 17. INFORMANT P.O. BOX 599, AddresCumberland, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no at unknown) (If yes a ve war at dates of service) Allegany County Infirmary records IB. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c),
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (c) INTERVAL BETWEEN ONSET AND DEATH Candit ans, if any, which gave rise to immediate cause (a). stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO. 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a m. Nat While factory, street, affice blda, etc.) at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) ottended the deceased from 5/14/62 to 7/1/66 . 19 ____ that (1) (we) last saw the deceased alive on 6/30/66 19 , and that death occurred at 🔼 . M, from couses and on the date stated obave. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR K director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may NAME (Type) B. Mathews, M. D. Md. 49 Greene St., Cumberland, 230 BUR AL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Buria Lakeside Memorial Park Dade Fla. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR YR A15 (4) 20 M 1/66 Miarley 1956 William G. Kight Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY ond 3 to M3. Page ALLEGANY MARYLAND MARYLAND ALLEGANY b CITY OR TOWN (flautside carparate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) CUMBERLAND DOA MIDLOTHIAN d. NAME OF HOSPITA. OR INSTITUTION (finat in hospital, give street address) d STREET ADDRESS 0 IS RESIDENCE ON A FARM? with n 72 hours MEMORIAL HOSPITAL YES NO TY 3. NAME OF 4 DATE FIRST Middle Day Year DECEASED OF EDGAR (Type or print) SKIDMORE DEATH S. SEX 6 COLOR OR RACE AGE (n years 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Davs Haurs MALE WIDOWED WHITE DIVORCED MARCH 5. 1910 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR during most of working life, even if retired) U. S. A. CONSTRUCTION LABORER MARYDAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ LOUIS SKIDMORE NELLIE DREW gnd 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) or removal. 213-10-5274 MRS. PEARL SKIDMORE. MIDLOTHIAN. MD. 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSEL AND DEATH Coronary Occlusion IMMEDIATE CAUSE (a) word buriol, cremation, DUE TO Conditions, if any, which gave Coronary Sclerosis rise to immediate couse (o), DUE TO stating the underlying couse 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO IA Hypertensive Cardiovascular Disease 2Da EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or fown) (County) Not While foctory, street, affice bldg., etc.) at wark 21. I certify that I tack charge of the remains described above, held on Autopsy , Inspect an X. Inquiry 🔣, ond in my opinion death resulted from. Natural couses 34 Accident . Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE _ O DEPUTY DEPUTY MEDICAL EXAMINER I July 25, 1966 **EXAMINER'S** Heolth (BENEDICT SKITARELIC. M.D. Address (Street, city, town or coulfumberland. Md. NAME (Type) 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL (Specify) JULY 27, 1966 FB'G. MEMORIAL PARK FROSTBURG. MD. 1966 REGISTRAR'S SIGNATURED 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15ME (5) JOSEPH R. DURST, SR., FROSTBURG, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09244 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. physician and completely filled in by the funeral en please. Pages 1 and 2 year, and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF OFATH o. COUNTY O. STATE MARYLAND **b** COUNTY ALLEGANY ALLEGANY MARYLAND TOWN (If outside comprote limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 DAYS CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS MEMORIAL HOSPITAL NO E 4. DATE 3. NAME OF Middle Yeat HARRY SMI TH 66 OF OECEASED (Type or grint) DEATH IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR NEVER MARRIED perthdoy Months 7-28-1891 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) ASWERT CA INDUSTRY Chambersburg, Penha Retired bricklayer & stonemason. 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME ADAM SMITH HOLBERT. MARTHA 17 INFORMANT 16 SOCIAL SECURITY NO Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) attend 214-12-3413 MEMORIAL HOSPITAL CUMBERLAND. be detached far use as the burial-transit pe State Dept. of Health priar ta burial, crematiar INTERVAL BETWEEN CAUSE OF OEATH (Enter only one couse per line for (o), (b), LIVER ONSET AND DEATH **TO FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. Launer's **OUE TO** Conditions, if ony, which gave rise to immediate couse (o). DUF TO stoting the underlying couse lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL + auterconton NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (State) 20e. PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Goy, Year foctory, street, office bldg , etc.) **Not While** 19 OR ATTENDING ot work of work at M, from couses and on the dote stated above. ___, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 19 66 directar, page 3 shauld shauld be filed with the and that death occurred at sow the decarsed alive on 220 SIGNATURE 22b. DATE SIGNED M.D. OIRECTOR PHYS PHYS 22d. AODRESS 22c. PHYSICIAN'S G. WEISMAN S. CUMBERLAND. MARYLAND NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION, 23b. OATE THEREOF (County) REMOVAL (Speedly) le Alleg Maryland
25b. REGISTRARS SIGNATURE Rest Lawn Memorial Gardens TaVale 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Ruth E. Silcox Cumberland Maryland 21502

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09253 EALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY o. STATE b. COUNTY Allegany Alleganii Maruland MARYLAND b CtTY OR TOWN (If outside corporate limits, c JENGTH OF STAY N 16 c (ITY OR TDWN (If autside corporate I mits write RURAL and give nearest town) write RURAL and give nearest town) Mount Savage Box 623 Cumberland
d NAME OF MDSPITAL DR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE haurs ON A FARM? Hemorial Hosp Glen Savage Rd YES X NO NAME OF DECEASED Smith DEATH Carl (Type or print) WATHIF IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys DIVORCED 4 124/06 2 CITIZEN DE WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 B. JTHPLACE (State or foreign country) during most of working life even fretred) Acetone Recovery Vept. COUNTRY? Celanese Cumberland, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Annie Mary Lowery Charles J. Smith and 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. ar removal. (Yes, no, or unknown) i(If yes give wor or dotes of service) Mrs. Kathryn Smith Box 623 Mt. Savage, Md. 214-07-0658 NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY CORONARY OCCLUSION. LEFT MMEDIATE CAUSE (o) crematian, DUE TD CORONARY THROMBOSIS Conditions if any which gove use to immediate couse (a), DUE TO stating the underlying cause CORONARY SCLEROSIS lost PERFORMED?
YES KIK NO PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) certificate, designated agent, prior ta 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port 1 of item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) (Stote) 20c TIME OF IN, JRY Month Doy Year foctory, street, office bldg, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taok charge of the remains described above, held an Autopsy XX. Inspection X, Inquiry X. and in my opinion Notural couses X Accident . Suicide . Homicide | Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE KKK July 19. 1966 DEPUTY MED CAL EXAMINER **EXAMINER'S** SKITARELIC. M.D. Address (Street, city, town, or county) Cumberland, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 23b DATE THEREOF (County) 50 REMDVAL (Specify) Cumberland, Allegany, MD.

STRAR 256 REGISTRAR'S SIGNATURE Hillcrest Burial Park Burial 24 FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR Melanles JUL 25 1966 VR A15ME (5) Cumberland. Ad. H. Wayne George



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PYACE OF DEATH HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY deray is and 3 ta M3 Page o. STATE death. Allegany Maruland Alleganu MARY, AND b CITY OR TOWN (If outside corporate , mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (f auts de carparate limits, write RURA, and give neorest town) wr te RURAL and a ve nearest town) Cumberland. Cumberland. d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET AODRESS e IS RESIDENCE ON A FARM? haurs Office along with farm Louisiana Ave. 904 Louisiana Ave. YES NO X 3 NAME OF Last Year DECEASED OF DEATH Ellen Мачи Steamaier July 19 66 (Type or print) S SEX 6 COLOR OR RACE 7 MARRED X 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIEO lost birthdoy) White. Female WI00WE0 OIVORCEO | Dec. 9. 1917 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY Cumberland. Md. e, writing the ward "panding" in pencil in farwarded to the Chief Medical Examiner's Supervisor Telephone Co. in pencil i 14. MOTHER'S MAIGEN NAME 13. FATHER'S NAME This certificate shauld be executed within Adam G. McCrorie Pauline Ziler 15 WAS OFCEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Cwnb. Md. ar remaval, No. 217-10-7903 Dr. James G. Stegmaier 904 Louisiana Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND OFATH MINUTES PART I. OEATH WAS CAUSED BY-ACUTE PULMONARY EDEMA IMMEDIATE CAUSE (o) used as a burial trar i burial, crematian, a OUF TO Conditions, fony, which gove ANASARCA, GENERALIZED Davs rise to immediate cause (a). DUE TO stoting the underlying couse PORTAL CIRRHOSIS last 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES MINE NO 20a EXTERNAL CAUSE WAS 20b OESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port f or Part II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Store) 5 may be retained far your fi TO FUNERAL DIRECTOR: Page 3 Health ar its designated agen Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that I took charge of the remains described above, held on Autopsy (利, Inspection [8], Inquiry 24 ond in my opinion Natural causes 🦫 . Accident Suicide . deoth resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2 DEPUTY MEDICAL EXAMINER. July 1. 1966 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BENEDICT SKITARELIC 230 BUR AL, CREMATION 23b OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 7/4/66 Mary's Burial Park Cumberland, Allegany 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL ORECTOR VR A 15ME (5) H. Wayne George Cumberland. Maryland 1966



14-1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARKLAND*7
	09255 CERTIFICATE OF DEATH
death. funeral and 2	1. PLACE OF DEATH 2. USOAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
er de fu	a. COUNTY allegany MARYLAND a. STATE may long. COUNTY allegang
hours after death d in by the funeral rs. Pages I and 2 I hours after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jown) write RURAL, and give nearest jown)
fin f	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS J. B. IS RESIDENCE
fille pape in 724	6 40 Shree adve 6 40 Shree ave 6 50 Shree and 10 10 10 10 10 10 10 10 10 10 10 10 10
ithin etely bon with	3. NAME OF DECEASED First Middle Stuiber Last 4. DATE Month Oay Year
omply went,	(Type or print) IV arian R. Sturber DEATH July 6, 1966
xecut	Female White WIDOWED DIVORCED 2/16/89 Jast birthday) Months Days Hours Min.
be e.	10a. USUAL OCCUPATION (Give kind of work done during most properties) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
and the state of t	13. FATHER'S NAME
ding The The	25. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address
The law requires that the death certificate be executed within cattending physician. The has been signed by the attending physician and completely ruse as the burial-transit permit. Then, place remove carbon eaith prior to burial, cremation, or removal, and in any event, with	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) The Wilhelmine M= Ree Cumb. Ma
he d / the sit p matic	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
at the sale of the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gentle Caronery occlusion /2 hora
os th signe urial- urial-	conditions, if any, which) OUE TO Centralized a terascleresis 2 years
law requires that that the attending physician. I has been signed be as the burial-transh prior to burial, ore	gave rise to immediate cause (a), stating the OUE TO
tend thas I as I priou	underlying cause last.) (c)
The 1 or a sate use saith	PERFORMED?
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requipage 4 may be retained by the hospital or attending of VINERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) YES
PHYSI the h this detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ING f by After be State	
ATTENDING retained by GTOR: Aften should be	21. I certify that (I) (this hospital) attended the deceased from 3 - 2 - 1969, to 7 - 6 - 1966, that (I) (we) last saw the deceased glive on 6 - 26 - 1966, and that death occurred at 7 4 M, from the causes and on the date stated above.
RECT 3 SI	22a. SIGNATURE 22b. DATE SIGNED
AL OI L DII page filed	Lewis Attings M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 7-7-66
SPITI S 4 m NERA Stor,	NAME (Type)
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town or county) (State)
9	24. FUNERAL OIRECTOR AODRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	James Steer Inc. Cumb. MX DATE JUL 11 1956 Mile 12 12
X	V V

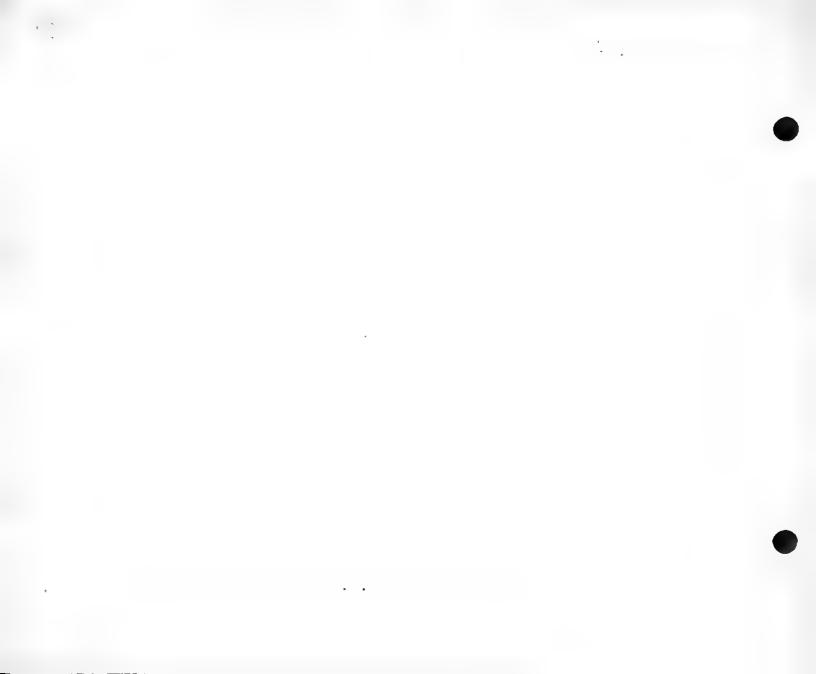


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09248 CERTIFICATE OF DEATH 09256 requires that the death certificate, be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institut an: Residence before admission) PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and **b.** COUNTY a. COUNTY a. STATE MARYLAND ALLEGANY ALLEGANY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (ITY OR TOWN (If outside carporate l'mits, write RURAL and give neorest town) c LENGTH OF STAY IN 16 CUMBERLAND CHIMBERTAND e IS RESIDENCE ON A FARMX d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 502 OLDTOWN RD YES 🗍 NO V * ISACRED HEART HOSPITAL Middle 4 DATE Year ease remave carban 3 NAME OF Last Manth Day DECEASED GRACE K. (Type or print) WAGNER DEATH TITLY. 9. AGE (n years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Haurs DIVORCED female WHITEC ity & State or fareign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a LISUAL OCCUPATION (Give kind of work done UNDUSTRY Home (OUNTRY? during mast at work na line even it ret red) CUMBERLAND, MD physici 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME attending phys. remaya Bloome Martin J. Breighner MARY ELTZEBETH IS WAS DECEASED EVER IN J.S. ARMED FORCES? (Xes, na, ar unknawn) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17. INFORMANT PTS! CHART INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO tor use as the t (Health prior to b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO YES WEDICAL CERTIFICAT 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [1] be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 26, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Sea leader 19 65, to Seel 26 19 66, and that death-occurred at 7 PM, from causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 126 N. SMILLWOOD ST SPIGGLE directar, should b 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Hillcrest Purial Park Cumberland, Md. Allegany 25b. REGISTRAR S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR James F. Scar elli, Cumberland, Md. DATEAUG 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DENT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution, Residence before admission) a. COUNTY o. STATE **b** COUNTY delay is and 3 ta A3 Page W. Va. Allegany MARYLAND deaf b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cumperland CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate imits write RURAL and give nearest town) 2, and PM3 F Fort Ashby 85-3 e S RESIDENCE d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS ate De alang with farm ON A FARM? D.O.A. Memorial Hospital Item 18. Give Pages YES NO IX 3 NAME OF Middle Lost 4. DATE Month Dov Year DECEASED OF Alice Wagoner July with the within 7 Florine 10 66 DEATH (Type or print) IF UNDER 24 HRS S SFX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years F UNDER I YEAR 7 MARK ED TE NEVER MARRIED 6 lest birthday) Months Doys Hours Oct. 24,1902 White Female WIDOWED DIVORCED haurs 11. BIRTHPLACE (Stote or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY USA during most of working the even if retired)
HOUSEWITE INDUSTRY Fort Ashby. W. Va. Home any pages in any 14 MOTHER'S MAIDEN NAME w.thin 13. FATHER'S NAME Margaret Dowden John W. Adams and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. This certificate shauld be executed "Fine " Founding" in rd "pending" in Chief Medical (ansit permit ar remaval, (Yes, no ar unknown) (I yes a ve war ar dates of service John H. Wagoner, Fort Ashby, W. Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (0) burial, crematian, DUE TO Conditions if only, which gove Coronary Sclerosis please execute the certificate, writing the director. Page 4 should be farwarded to 1 rise to immediate couse (a), DUF TO storing the underlying couse pesn PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port or Port 1 of item 18) shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, (City or town) (County) (Stote) 20c TIME OF N.JRY Month, Day Year Hour o.m. foctory, street, office bldg , etc.) 5 may be retained for your O FUNERAL DIRECTOR: Page Health at its designated age Not While ot work at work designated Inspect on KX Inguiry 🕱, and in my opinion the funeral director. Undetermined manner death resulted from. Naturo, causes X. Suicide . Hamicide | Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER XX July 10. 1966 O DEPUTY **EXAMINER'S** Benedict Skitarelic. M.D. Address (Street, city town or countyumberland. Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. BEMOYAL (Specify) July 13,1966 Fort Ashby Cemetery Fort Ashby, W. Va. 25b. REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Milarles James F. Scar elli, Cumberland, Md. 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09250 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY deloy is ond 3 to M3. Page οť after death. Allegany Allegany MARYLAND Marvland b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) CLENGTH OF STAY IN IN c CITY OR TOWN (If outside corporate I m ts write RURAL and give nearest town) Cumberland Route Cumberland Route #2 d NAME OF HOSP TAL OR INSTITLT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMS within 72 hours Item 18. Give Pages NO DO YES 24 hours ofter death olong with 3 NAME OF Middle 4 DATE DECEASED (Type or print) Wentling DEATH July Arch with IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Davs WIDOWED DIVORCED event Malle White Oct 18,1900 IDD USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CT ZEN OF WHAT during most of work nable even frequent hetired Supt-Hillcrest COLNTRY? Cumberland Maryland Park pencil i Examines This certificate should be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME c Walker Wentling May Gurley File GRd WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address rd "pending" in Chief Medical E Route #2 (Yes, no, or unknown) (If yes give wor or dates of service) used as o burial-transit permit. burial, cremation, or removal. 211-05-6803 Mrs. Mildred Wentling Cumberland . Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) Sudden PART I. DEATH WAS CAUSED BY Occlusion Coronary IMMEDIATE CAUSE (o) ie certificate, writing the word should be farworded to the Ch DUE TO Coronary Thrombosis 11 Conditions, floory which gove rise to immediate couse (a). DHE TO stoting the underlying couse Coronary Sclerosis lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES A NO or its designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18) PRIMARY Or CONTRIBUTING ACAL EXAMINER: CALISE OF DEATH MEDICAL 20d -NIURY OCCURRED 20e PLACE OF INJURY (Home form. 20f ((ty or town) 20c TIME OF NURY Month, Doy, Yeor (Stote) Hour a.m. foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspect an Inquiry 🔽 and in my apinian Suicide . death resulted fram: Natural causes T. Accident Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMENER X July 5. 1966 BENEDICT SKITARELIC. M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town or coul mmberland. Md. 230. BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. JOEATION (City or Town) (County) 50 REMOVAL (Specify) 7/8/66 Hillcrest Burial Park Cumberland Alleg Maryland 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 1956 liantes VR A15ME Ruth E. Silcox Cumberland Maryland 21502

MARYLAND STATE DEPARTMENT OF HEALTH



· 1	MARYLAND STATE DEPARTMENT OF HEALTH
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hours after death. I in by the funeral s. Pages 1 and 2. hours after death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
after the after	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Page Urs 2	write RURAL and give nearest town)
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executed within and completely remove carbon n any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Mytte W. Wide Death Lucy 3 1966
ted comi	5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE 1 years 1 UNDER 1 YEAR 1 UNDER 1 UNDER 1 YEAR 1 UNDER 1 U
recu any	Temale William VI WIDOWED TO DIVORCED 120.21.1872 94 VIS.
be ex	10a. USUAL OCCUPATION (Give kind of work done of the lob. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
sici and	Housewife - Cumberland, md. U.S.A.
THE REPORT OF	13. FATHER'S NAME
	Joseph White Jane Boor
of the of	15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
dea dea ion,	20 - Mrs. Wanita Myers. Cumberland, Md
the death continues that the death continues be executed within 24 hours a tending physician. The steen signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pag prior to burial, cremation, or removal, and in any event, within 72 hours	18. Cause of Death (Enter only one cause per line for (a), (b), and (c).
w requires that is ending physician as been signed the as the burial-tra vior to burial, cre	PART I. DEATH WAS CAUSED BY: My o Con Relia, Chn. diguesalist
hysi hysi sign rial	Conditions, If any, which DUE TO (2) arterio Schrases, Science Levele-
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red indir	cause (a), stating the DUE TO underlying cause last. (c)
faw atte har har har har	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICIAN: The law requires that the ospital or attending physician. Certificate has been signed by the for use as the burial-transit. of Health prior to burial, crem	YES NO NO
Prita	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NG PHYSICIAN by the hospit ifter this certi be detached i State Dept. of	
the Day	Hour a.m. While Not While factory, street, office bidg., etc.)
DING P ed by t After Id be d e State	p.m. 19 at work J
ATTENDIN retained l CTOR: Aff	21. I certify that (I) (this hospital) attended the deceased from
FCTC ash	22a. SIGNATURE A A A A
Din be	Meleakeway 11 MAATHETAND. ATTENDING MED. STAFF DIRECTOR PHYS.
TAI may	22c. PHYSICIAN'S 22d. ADDRESS
NOSPITAL Page 4 may FUNERAL I director, page	49 Greese Silver
TO HOSPITAL OR ATTENION Page 4 may be retaine to FUNERAL DIRECTOR: director, page 3 should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF (280) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) tolu 6, 1966 Rose Hill Cemetery Comberland Md.
	BUTIAL SPECIFY JULY 6, 1966 ROSE HILL CEMETERY Comberland Md.
VR A15 (4)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15M 4-64	Louis Stein, The. Lumberland, Md. DATE UL 11.000 Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09252 CERTIFICATE OF DEATH 09260 law requires that the death certificate be executed within 24 hours after death L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deal o. COUNTY b. COUNTY ALLEGANY MARYLAND filled in by the rub. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

CUMBERLAND c. LENGTH OF STAY IN 16 DAY CUMBERLAND e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS and in any event, within 72 ON A FARM? 543 GREENE STREET MEMORIAL HOSPITAL NO 3. NAME OF 4. DATE please remave carban Last Day Year physician and campletely DECEASED ROBERT SHRVER WILKINSON DEATH (Type or print) S. SEX DATE OF BIRTH 9. AGE (In veors 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Glow birthday) Months Days MARCH 30, 1897 Hours WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR OUNTRY? during most of working life, even if retired) INDUSTRY CUMBERLAND, MD. Retail Salesman & bullon stone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLARA DREBING emay CHARLES N. WILKINSON the attending p kinson 543 Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 543 Greene St. (Yes, no, ar unknown) (If yes give war or dotes of service) 70 214-07-1208 W.W.# crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO buria Conditions, if any, which gave rise to immediate couse (a), DUE TO disease with Corony loss stating the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Health 1 far use YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hoture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af, detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Not While at work at wark 1960, that (1) (Ne) lost 21. I certify that (1) (this haspital) attended the deceased from shauld 19 66, and that death occurred at P M, from couses and on the date stated above. sow the deceased olive on. 22a, SIGNATURI 22b. DATE SIGNED DIRECTOR M.D. PHYS. PHYS. , page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ORNER 122 S. CENTRE ST., CUMBERLAND, MD directar, shauld be 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7/14/66 Cumberland Alleganu 0 Burial Sunset Memorial Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Millower VR A15 (4) 1966 20 M 1/66 H. Wayne George Cumberland.

MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09253 09261 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death pup deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Allegany Marvland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cumberland D.O.A. LaVale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1206 LaVale Avenue YES NO X Sacred Heart Hospital 3. NAME OF Middle 4. DATE Month Doy Yeor DECEASED (Type or print) WELLINGTON YUTZY July 19 66 EART. DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Doys Hours March 13,1897 WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Garrett County Maryland Retired Employee- Celanese Corp of Amer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Knauer Jonas Yutzv 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service)
Yes 16. SOCIAL SECURITY NO. 17 INFORMANT Address 206 LaVale Ave Mrs. Margaret Yutzy 220-07-6609 LaVale . Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH menorales IMMEDIATE CAUSE (0) TO CO. NTO CO DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO F ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (1) (this hospital) attended the deceased from 5-3 , 19 66, to 7- 5 , 19 66 that (1) (we) last 1966, and that death accurred at 12 PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE 7-6-66 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 126 N. Smallwood St. Cumberland. Md. Wayne C. Spigg] 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 7/8/66 Hillcrest Burial Park Cumberland Alleg Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE JUL Ruth E. Silcox Cumberland, Maryland 21502 1966 WO M 1/66

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